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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | art 1: Identify Yourself   |  |   |  |  |  |  |  |
|-----|--|--|---|--|--|--|--|--|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |  |
| 1.  | Your full name   |  |   |  |  |  |  |  |
|     | Write the name that is on  | April                                    |   |  |  |  |  |  |
|     | your government-issued   | First name                               | First name                                    |  |  |  |  |  |
|     | picture identification (for example, your driver's   | К  |   |  |  |  |  |  |
|     | license or passport).  | Middle name                              | Middle name                                   |  |  |  |  |  |
|     | Bring your picture   | Dugal                                    |   |  |  |  |  |  |
|     | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |  |
|     |  |  |   |  |  |  |  |  |
| 2.  | All other names you have used in the last 8 years  |  |   |  |  |  |  |  |
|     | Include your married or maiden names.  |  |   |  |  |  |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-6078                              |   |  |  |  |  |  |
|     |  |  |   |  |  |  |  |  |

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Debtor 1 April K Dugal

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|--|---|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)  |  |  |  |
|  |   | EINS  | EINs  |  |  |  |
| 5.   | Where you live  | 1405 Windjammer Ln  | If Debtor 2 lives at a different address:   |  |  |  |
|  |   | Hanover Park, IL 60133  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|  |   | DuPage<br>County  | County  |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |
|  |   |   |   |  |  |  |

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Case number (if known) Debtor 1 April K Dugal

| art   | 2: Tell the Court About Y   | our/       | Bankr        | uptcy Ca  | ise  |  |   |
|---|---|------------|--------------|---|--|--|---|
| <b>'</b> .  | The chapter of the Bankruptcy Code you are  | Che<br>201 | eck one      | e. (For a b   | orief description of ea<br>the top of page 1 and | ch, see <i>Notice Required by</i> check the appropriate box. | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form  |
|   | choosing to file under  |            | Cha          | pter 7  |  |  |   |
|   |   |            | Chap         | ter 11  |  |  |   |
|   |   |            | Chap         | ter 12  |  |  |   |
|   |   |            | Chap         | ter 13  |  |  |   |
|   |   |            |              |   |  |  |   |
| . How you will pay the fee  |   |            | abo<br>If yo | ut how yo   | ou may pay. Typically,<br>ey is submitting your  | if you are paying the fee you                                | k with the clerk's office in your local court for more details rself, you may pay with cash, cashier's check, or money order. attorney may pay with a credit card or check with a |
|   |   |            |              |   |  |  | on, sign and attach the Application for Individuals to Pay The  |
|   |   |            |              | •   | Installments (Official<br>at my fee be waived    | ·  | n only if you are filing for Chapter 7. By law, a judge may, but is   |
|   |   |            | not          | required t  | to, waive your fee, and                          | d may do so only if your incor                               | ne is less than 150% of the official poverty line that applies to s). If you choose this option, you must fill out the <i>Application</i>   |
|   |   |            |              |   |  | Waived (Official Form 103B)                                  |   |
|   |   |            |              |   |  |  |   |
| <ul> <li>Have you filed for bankruptcy within the last</li> </ul> No. |   |            |              |   |  |  |   |
|   | 8 years?  |            | Yes.         |   |  |  |   |
|   |   |            |              | District  |  | When   | Case number   |
|   |   |            |              | District  |  | When   | Case number   |
|   |   |            |              | District  |  | When   | Case number   |
| _   |   |            |              |   |  |  |   |
| 0.  | Are any bankruptcy cases pending or being filed by  |            | No           |   |  |  |   |
|   | a spouse who is not filing<br>this case with you, or by<br>a business partner, or by<br>an affiliate? |            | Yes.         |   |  |  |   |
|   |   |            |              | Debtor  |  |  | Relationship to you   |
|   |   |            |              | District  |  | When   | Case number, if known   |
|   |   |            |              | Debtor  |  |  | Relationship to you   |
|   |   |            |              | District  |  | When   | Case number, if known   |
| 1.  | Do you rent your residence?   | •          | No.          | Go to   | line 12.   |  |   |
|   |   |            | Yes.         | Has yo  | our landlord obtained                            | an eviction judgment against                                 | you and do you want to stay in your residence?  |
|   |   |            |              |   | No. Go to line 12.                               |  |   |
|   |   |            |              | Yes. Fill out <i>Initial</i> S bankruptcy petition. |  | Judgment Against You (Form 101A) and file it with this       |   |

| Deb  | tor 1 April K Dugal   | J3386<br>             | Doc 1               | Document                       | Page 4 of 63  Case number (if known)  | Jesc Main                     |
|------|---|-----------------------|---------------------|--------------------------------|---|-------------------------------|
| Part | Report About Any Bu   | sinesses              | You Own as          | s a Sole Proprietor            |   |                               |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No                  | o. Go to P          | art 4.                         |   |                               |
|      |   | ☐ Yes                 | 3. Name a           | and location of business       |   |                               |
|      | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership,<br>or LLC. |                       | Name o              | f business, if any             |   |                               |
|      | If you have more than one sole proprietorship, use a separate sheet and attach it   |                       | Number              | r, Street, City, State & ZIP ( | Code  |                               |
|      | to this petition.   |                       |                     | the appropriate box to desc    | •   |                               |
|      |   |                       |                     | •                              | defined in 11 U.S.C. § 101(27A))  |                               |
|      |   |                       |                     | Single Asset Real Estate (a    | as defined in 11 U.S.C. § 101(51B))   |                               |
|      |   |                       |                     | Stockbroker (as defined in     | 11 U.S.C. § 101(53A))   |                               |
|      |   |                       |                     | Commodity Broker (as defi      | ned in 11 U.S.C. § 101(6))  |                               |
|      |   |                       |                     | None of the above              |   |                               |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?  | deadline<br>operation | es. If you indic    | cate that you are a small bu   | at know whether you are a small business debtor<br>siness debtor, you must attach your most recent l<br>ome tax return or if any of these documents do no | balance sheet, statement of   |
|      | For a definition of <i>small</i>  | ■ No                  | ). I am not         | t filing under Chapter 11.     |   |                               |
|      | business debtor, see 11 U.S.C. § 101(51D).  | ☐ No.                 | I am filir<br>Code. | ng under Chapter 11, but I a   | am NOT a small business debtor according to the   | edefinition in the Bankruptcy |
|      |   | ☐ Yes                 | 3. I am filir       | ng under Chapter 11 and I a    | am a small business debtor according to the defin   | ition in the Bankruptcy Code. |
| ar   | 4: Report if You Own or   | Have An               | y Hazardous         | s Property or Any Propert      | ty That Needs Immediate Attention   |                               |
| 14.  | Do you own or have any  | •                     |                     |                                |   |                               |

property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| No. |  |
|-----|--|
|     |  |

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 April K Dugal

Part 5:

gal Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| П | I am not required to receive a briefing about credit |
|---|--|
| _ | counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

→ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

uu 50.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 April K Dugal                                 |      |         |        | Documen  | III P          | aye o oi os                                 | Case number (if know  | wn)   |   |
|--|---|------|---------|--------|--|----------------|---|-----------------------|-------|---|
| Part   | 6: Answer These Question                            | ons  | for Re  | port   | ing Purposes   |                |   |                       |       |   |
| 16.  | What kind of debts do you have?                     | 16a  | Э.      |        | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |                |   |                       |       |   |
|  |   |      |         |        | No. Go to line 16b.  |                |   |                       |       |   |
|  |   |      |         |        | Yes. Go to line 17.  |                |   |                       |       |   |
|  |   | 16b  | D.      |        | your debts primarily bus<br>a business or investment or  |                |   |                       |       |   |
|  |   |      |         |        | No. Go to line 16c.  |                |   |                       |       |   |
|  |   |      |         |        | Yes. Go to line 17.  |                |   |                       |       |   |
|  |   | 160  | Э.      | Stat   | te the type of debts you owe   | e that are r   | not consumer debts                          | or business debts     |       |   |
| 17.  | Are you filing under<br>Chapter 7?                  |      | No.     | l an   | n not filing under Chapter 7.  | . Go to line   | ÷ 18.                                       |                       |       |   |
| Do you estimate that after<br>any exempt property is<br>excluded and |   |      | 6.      |        | n filing under Chapter 7. Do<br>d that funds will be available   |                |   |                       | clud  | led and administrative expenses are                                 |
|  | administrative expenses are paid that funds will be |      |         |        | No   |                |   |                       |       |   |
|  | available for distribution to unsecured creditors?  |      |         |        | Yes  |                |   |                       |       |   |
| 18.  | How many Creditors do                               |      | 1-49    |        |  |                | 1,000-5,000                                 |                       |       | 25,001-50,000   |
|  | you estimate that you owe?                          |      | 50-9    |        |  |                | 5001-10,000                                 |                       |       | 50,001-100,000  |
|  |   |      | 100-    |        |  |                | 10,001-25,000                               | !                     |       | More than100,000  |
|  |   |      | 200-    | 999    |  |                |   |                       |       |   |
| 19.  | How much do you estimate your assets to             |      | \$0 -   |        |  |                | \$1,000,001 - \$10 m                        |                       |       | \$500,000,001 - \$1 billion   |
|  | be worth?   |      |         |        | \$100,000<br>I - \$500,000   | _              | \$10,000,001 - \$50<br>\$50,000,001 - \$100 |                       |       | \$1,000,000,001 - \$10 billion<br>\$10,000,000,001 - \$50 billion   |
|  |   |      |         |        | - \$1 million  |                | \$100,000,001 - \$50                        |                       |       | More than \$50 billion  |
| 20.  | How much do you                                     |      | \$0 -   | \$50 ( | 000  |                | \$1,000,001 - \$10 m                        | nillion               | _     | \$500,000,001 - \$1 billion   |
|  | estimate your liabilities to be?                    |      |         |        | - \$100,000  |                | \$10,000,001 - \$50                         |                       |       | \$1,000,000,001 - \$10 billion                                      |
|  |   |      |         |        | 1 - \$500,000  |                | \$50,000,001 - \$100                        |                       |       | \$10,000,000,001 - \$50 billion                                     |
|  |   |      | \$500   | ),001  | - \$1 million  |                | \$100,000,001 - \$50                        | OU MIIIION            | Ш     | More than \$50 billion  |
| Part   | 7: Sign Below                                       |      |         |        |  |                |   |                       |       |   |
| For  | you   | l ha | ave exa | amine  | ed this petition, and I declar   | e under pe     | enalty of perjury that                      | the information prov  | vide  | ed is true and correct.   |
|  |   |      |         |        | en to file under Chapter 7, I<br>understand the relief availa  |                |   |                       |       | er 7, 11,12, or 13 of title 11, United der Chapter 7.               |
|  |   |      |         |        | represents me and I did not and read the notice require  |                |   | who is not an attorn  | ey t  | to help me fill out this document, I                                |
|  |   | l re | quest   | relief | in accordance with the cha   | apter of title | e 11, United States (                       | Code, specified in th | nis p | petition.   |
|  |   | cas  | se can  | resu   |  |                |   |                       |       | fraud in connection with a bankruptcy §§ 152, 1341, 1519, and 3571. |
|  |   | Ap   | ril K   | Dug    |  |                | Signat                                      | ure of Debtor 2       |       | _   |
|  |   | Exe  | ecuted  | on     | February 4, 2016   |                | Execut                                      |                       |       |   |
|  |   |      |         |        | MM / DD / YYYY   |                |   | MM / DD /             | / YY  | YY  |

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Debtor 1 April K Dugal Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph I      | R. Doyle              | Date          | February 4, 2016      |  |
|-------------------|-----------------------|---------------|-----------------------|--|
| Signature of A    | ttorney for Debtor    |               | MM / DD / YYYY        |  |
| Joseph R. I       | Dovle                 |               |                       |  |
| Printed name      | 50,10                 |               |                       |  |
| Bizar & Doy       | /le, LLC              |               |                       |  |
| Firm name         |                       |               |                       |  |
| 123 West M        | adison Street         |               |                       |  |
| Suite 205         |                       |               |                       |  |
| Chicago, IL       | . 60602               |               |                       |  |
| Number, Street, C | ity, State & ZIP Code |               |                       |  |
| Contact phone     | 312-427-3100          | Email address | joe@bizardoylelaw.com |  |
| 6279065           |                       |               |                       |  |
| Bar number & Stat | te                    |               |                       |  |

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| B1 (Official Forn                           | n 1)(04/13)   |  | Page 2                             |  |  |  |  |
|---|---|--|------------------------------------|--|--|--|--|
| Voluntary                                   | Petition  | Name of Debtor(s):  Dugal, April K   |                                    |  |  |  |  |
| (This page mus                              | t be completed and filed in every case)   |  |                                    |  |  |  |  |
|   | All Prior Bankruptcy Cases Filed Within Last  | t 8 Years (If more than two, attach ac   | lditional sheet)                   |  |  |  |  |
| Location<br>Where Filed:                    | - None -  | Case Number:   | Date Filed:                        |  |  |  |  |
| Location<br>Where Filed:                    |   | Case Number:   | Date Filed:                        |  |  |  |  |
| Pen   | ding Bankruptcy Case Filed by any Spouse, Partner, or   | Affiliate of this Debtor (If more than   | n one, attach additional sheet)    |  |  |  |  |
| Name of Debto                               | or:   | Case Number:   | Date Filed:                        |  |  |  |  |
| District:                                   |   | Relationship:  | Judge:                             |  |  |  |  |
|   | Exhibit A   | Ex   | khibit B                           |  |  |  |  |
| forms 10K and pursuant to So and is request | eted if debtor is required to file periodic reports (e.g., ad 10Q) with the Securities and Exchange Commission ection 13 or 15(d) of the Securities Exchange Act of 1934 ting relief under chapter 11.) | (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 to S.C. §342(b) |                                    |  |  |  |  |
| Exhibit A                                   | A is attached and made a part of this petition.   | Signature of Attorney for Debtor(s   | _                                  |  |  |  |  |
|   |   | Joseph R. Doyle 6279065  |                                    |  |  |  |  |
|   | Exh   | nibit C  |                                    |  |  |  |  |
| 1   | r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.  | pose a threat of imminent and identifiable   | e harm to public health or safety? |  |  |  |  |
| Exhibit I  If this is a joir                | eted by every individual debtor. If a joint petition is filed, ead completed and signed by the debtor is attached and made at petition:   | a part of this petition.   | a separate Exhibit D.)             |  |  |  |  |
| Exhibit I                                   | O also completed and signed by the joint debtor is attached a   | •  |                                    |  |  |  |  |
|   | Information Regardin<br>(Check any a  | _  |                                    |  |  |  |  |
| . =   | Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for   | al place of business, or principal asse  | ets in this District for 180       |  |  |  |  |
|   | There is a bankruptcy case concerning debtor's affiliate, g   |  | ·                                  |  |  |  |  |
| ,   |   |  |                                    |  |  |  |  |
|   | Certification by a Debtor Who Reside<br>(Check all app  |  | rty                                |  |  |  |  |
|   | Landlord has a judgment against the debtor for possession   | of debtor's residence. (If box checked   | , complete the following.)         |  |  |  |  |
|   | (Name of landlord that obtained judgment)   |  |                                    |  |  |  |  |
|   |   |  |                                    |  |  |  |  |
|   |   |  |                                    |  |  |  |  |
| 4.5   |   |  |                                    |  |  |  |  |
|   | (Address of landlord)   |  |                                    |  |  |  |  |
|   | Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment   |  |                                    |  |  |  |  |
|   | Debtor has included with this petition the deposit with the after the filing of the petition.   | court of any rent that would become  | due during the 30-day period       |  |  |  |  |
| · 🗆   | Debtor certifies that he/she has served the Landlord with t   | this certification. (11 U.S.C. § 362(1)).  |                                    |  |  |  |  |

| B1 (Official Form 1)(04/13)  | Page   |
|--|--|
| Voluntary Petition   | Name of Debtor(s):   |
|  | Dugal, April K   |
| (This page must be completed and filed in every case)  |  |
| Signature(s) of Debtor(s) (Individual/Joint)   | atures Signature of a Foreign Representative   |
| I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11. United States Code Certified copies of the documents required by 11 U.S.C. §1515 are attached.  Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. |
| x and I Dugal  | X  |
| Signature of Debtor April K Dugal  | X  |
| X Signature of Joint Debtor  | Printed Name of Foreign Representative   |
| Signature of voint section   | Date   |
| Telephone Number (If not represented by attorney)  | Signature of Non-Attorney Bankruptcy Petition Preparer   |
| 9-23-15  | I declare under penalty of perjury that: (1) I am a bankruptcy petition  |
| Signature of Attorney*  X  Signature of Attorney for Debtor(s)  Joseph R. Doyle 6279065  Printed Name of Attorney for Debtor(s)  | preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.                 |
| Bizar & Doyle, LLC Firm Name 123 West Madison Street   | Printed Name and title, if any, of Bankruptcy Petition Preparer  |
| Suite 205<br>Chicago, IL 60602   | Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition   |
| Address  | preparer.)(Required by 11 U.S.C. § 110.)   |
| Email: joe@bizardoylelaw.com 312-427-3100 Fax: 312-427-5400 Telephone Number   |  |
| Telephone Number 9-23-15   | A.11   |
| Date   | Address  |
| *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.  | X  |
| Signature of Debtor (Corporation/Partnership)  | Date   |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United   | Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer i not an individual:   |
| States Code, specified in this petition.   |  |
| Signature of Authorized Individual   |  |

Printed Name of Authorized Individual

Title of Authorized Individual

Date

If more than one person prepared this document, attach additional sheets

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

conforming to the appropriate official form for each person.

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B 1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court Northern District of Illinois

| In re | April K Dugal |   |           | Case No |   |
|-------|---------------|---|-----------|---------|---|
|       |               |   | Debtor(s) | Chapter | 7 |
|       |               | * |           |         |   |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

|          | □ 4. | I am not | require | d to rece | ive a cred | it counse | ling briefi | ng becat  | use of: | [Check the | applicab | le |
|----------|------|----------|---------|-----------|------------|-----------|-------------|-----------|---------|------------|----------|----|
| statemer | 1t.] | [Must be | accomp  | oanied by | a motion   | for dete  | rmination   | by the co | ourt.]  |            |          |    |

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| 3 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | age 2 |
|--|-------|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);    |       |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, through the Internet.); | or    |
| ☐ Active military duty in a military combat zone.  |       |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.  | 3     |
| I certify under penalty of perjury that the information provided above is true and correct.  |       |
| Signature of Debtor:  April K Dugal  |       |
| Date: 9-23-15  |       |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

| In re  | April K Dugal                             |   | Case No.           |                      |  |  |  |  |  |  |  |  |  |
|--------|---|---|--------------------|----------------------|--|--|--|--|--|--|--|--|--|
|        |   | Debtor(s)                                   | Chapter            | 7                    |  |  |  |  |  |  |  |  |  |
|        |   |   |                    |                      |  |  |  |  |  |  |  |  |  |
|        |   |   |                    |                      |  |  |  |  |  |  |  |  |  |
|        | DECLARATION CONCERNING DEBTOR'S SCHEDULES |   |                    |                      |  |  |  |  |  |  |  |  |  |
|        | 57.67 . 5 . 67.67.7                       |   |                    | ·                    |  |  |  |  |  |  |  |  |  |
|        | DECLARATION U                             | JNDER PENALTY OF PERJURY BY IN              | DIVIDUAL DEI       | BTOR                 |  |  |  |  |  |  |  |  |  |
|        |   |   |                    |                      |  |  |  |  |  |  |  |  |  |
|        |   |   |                    |                      |  |  |  |  |  |  |  |  |  |
|        |   | perjury that I have read the foregoing sumr |                    | les, consisting of 0 |  |  |  |  |  |  |  |  |  |
|        | sheets, and that they are true and co     | prrect to the best of my knowledge, informa | ition, and belief. |                      |  |  |  |  |  |  |  |  |  |
|        | 4   |   |                    |                      |  |  |  |  |  |  |  |  |  |
|        | 9/22/15                                   |   | () <sub>d</sub> (  | V Dead               |  |  |  |  |  |  |  |  |  |
| Date . | 1/3/13                                    | Signature                                   | Laur 1             | ( Jugar              |  |  |  |  |  |  |  |  |  |
|        |   | April K Dugal                               | 1-                 | . <i>U</i>           |  |  |  |  |  |  |  |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| i deciare | under penalty of perjury that I have read the | answers contained i | in the foregoing stat | ement of financial | affairs and any a | ittachments th | neret |
|-----------|---|---------------------|-----------------------|--------------------|-------------------|----------------|-------|
| and that  | they are true and correct.                    |                     | •                     |                    |                   |                |       |
| Date _    | 9/33/15                                       | Signature           | ,                     | anil               | 210 м             | enul           |       |
|           |   | •                   | April K Dugal         | J. V.              |                   | U              |       |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Debtor

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B8 (Form 8) (12/08)

### United States Bankruptcy Court Northern District of Illinois

|       |   | Northern District of Him | DIS                |                               |
|-------|---|--------------------------|--------------------|-------------------------------|
| In re | April K Dugal   |                          | Case No.           |                               |
|       |   | Debtor(s)                | Chapter            | 7                             |
|       |   |                          |                    |                               |
|       | CHAPTER 7 INI   | DIVIDUAL DEBTOR'S STATE  | MENT OF INTEN      | TION                          |
|       | re under penalty of perjury that the<br>al property subject to an unexpired |                          | any property of my | estate securing a debt and/or |
|       |   |                          |                    |                               |

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### United States Bankruptcy Court Northern District of Illinois

| In r    | e April K Dugal  |   | Case No.             |                         |                   |  |  |  |  |
|---------|--|---|----------------------|-------------------------|-------------------|--|--|--|--|
|         |  | Debtor(s)   | Chapter              | 7                       |                   |  |  |  |  |
|         | DISCLOSURE OF C  | COMPENSATION OF ATTO  | RNEY FOR D           | EBTOR(S)                |                   |  |  |  |  |
|         | paid to me within one year before the filing of  | ptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation g of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on or in connection with the bankruptcy case is as follows: |                      |                         |                   |  |  |  |  |
|         | For legal services, I have agreed to acce  | pt  | \$                   | 1,050.00                |                   |  |  |  |  |
|         | Prior to the filing of this statement I have   | re received   | \$                   | 1,050.00                |                   |  |  |  |  |
|         | Balance Due  |   |                      | 0.00                    |                   |  |  |  |  |
| 2.      | The source of the compensation paid to me w  | vas:  |                      |                         |                   |  |  |  |  |
|         | ■ Debtor □ Other (specify):  |   |                      | •                       |                   |  |  |  |  |
| 3.      | The source of compensation to be paid to me  | is:   |                      | ~ .                     |                   |  |  |  |  |
|         | ■ Debtor □ Other (specify):  |   |                      |                         |                   |  |  |  |  |
| 4.      | ■ I have not agreed to share the above-disc  | closed compensation with any other person   | unless they are mer  | nbers and associate     | s of my law firm. |  |  |  |  |
| 5.      | ☐ I have agreed to share the above-disclose copy of the agreement, together with a li  In return for the above-disclosed fee, I have | st of the names of the people sharing in the  | e compensation is at | tached.                 | ny law firm. A    |  |  |  |  |
| 3.      |  |   | -, -                 | _                       |                   |  |  |  |  |
|         | <ul><li>a. Analysis of the debtor's financial situation</li><li>b. Preparation and filing of any petition, sch</li></ul>             |   |                      | o file a petition in ba | ankruptcy;        |  |  |  |  |
|         | c. Representation of the debtor at the meeting   |   |                      | earings thereof;        |                   |  |  |  |  |
|         |  | ditors to reduce to market value; ex applications as needed; preparation ens on household goods.  |                      |                         |                   |  |  |  |  |
| 6.      | By agreement with the debtor(s), the above-or Representation of the debtors proceeding.  | disclosed fee does not include the followin in any dischargeability actions, jud  |                      | ces or any other        | adversary         |  |  |  |  |
|         | ······································   | CERTIFICATION   |                      |                         |                   |  |  |  |  |
|         | I certify that the foregoing is a complete state   | ement of any agreement or arrangement fo  | Ppayment to me for   | representation of th    | ne debtor(s) in   |  |  |  |  |
| this    | bankruptcy proceeding  |   | ////                 |                         | -                 |  |  |  |  |
| Date    | ed: <b>9</b> -23-15  |   |                      |                         |                   |  |  |  |  |
|         |  | Joseph R. Doyle<br>Bizar & Doyle, ⊾   |                      |                         |                   |  |  |  |  |
|         |  | / 123 West Madiso   |                      |                         |                   |  |  |  |  |
|         |  | Suite 205 /<br>Chicago, IL 6060   | 12                   |                         |                   |  |  |  |  |
|         |  | 312-427-3100 Fa   | ax: 312-427-5400     |                         |                   |  |  |  |  |
| <u></u> |  | joe@bizardoylel   | aw.com               |                         |                   |  |  |  |  |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

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B 201B (Form 201B) (12/09)

#### United States Bankruptcy Court Northern District of Illinois

|         |  | 1 tot their District of Himois                 |                       |                          |
|---------|--|--|-----------------------|--------------------------|
| In re   | April K Dugal                                |  | Case No.              |                          |
|         |  | Debtor(s)                                      | Chapter 7             |                          |
|         |  | OF NOTICE TO CONSUMI<br>42(b) OF THE BANKRUPTC | ` ,                   |                          |
|         |  | Certification of Debtor                        |                       |                          |
| O 1     | I (We), the debtor(s), affirm that I (we) ha | ave received and read the attached not         | ice, as required by § | 342(b) of the Bankruptcy |
| Code.   |  |  | 1 0/ 0                | 1 0/00/1-                |
| April k | ⟨ Dugal                                      | x Chan   | W X NIVER             | 4 7/23/15                |
| Printed | d Name(s) of Debtor(s)                       | Signature of Deb                               |                       | Date                     |
| Case N  | No. (if known)                               | X  |                       |                          |
|         |  | Signature of Join                              | nt Debtor (if any)    | Date                     |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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|   |               |                      | FAUE 13 ULUS |  |  |  |  |  |  |  |
|---|---------------|----------------------|--------------|--|--|--|--|--|--|--|
| Fill in this information to identify your case: |               |                      |              |  |  |  |  |  |  |  |
| Debtor 1  | April K Dugal |                      |              |  |  |  |  |  |  |  |
|   | First Name    | Middle Name          | Last Name    |  |  |  |  |  |  |  |
| Debtor 2  |               |                      |              |  |  |  |  |  |  |  |
| (Spouse if, filing)                             | First Name    | Middle Name          | Last Name    |  |  |  |  |  |  |  |
| United States Bankruptcy Court for the:         |               | NORTHERN DISTRICT OF | ILLINOIS     |  |  |  |  |  |  |  |
| Case number _                                   |               |                      |              |  |  |  |  |  |  |  |

Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| ı aı | t 1: Summarize Your Assets  | Your a       | issets                   |
|------|---|--------------|--------------------------|
|      |   |              | of what you own          |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 196,587.00               |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 7,519.00                 |
|      | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 204,106.00               |
| Par  | t 2: Summarize Your Liabilities   |              |                          |
|      |   |              | iabilities<br>It you owe |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D        | \$           | 253,154.00               |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                  | \$           | 0.00                     |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 99,484.00                |
|      | Your total liabilities  | \$           | 352,638.00               |
| Par  | t 3: Summarize Your Income and Expenses   |              |                          |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 3,298.00                 |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 3,888.00                 |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records  |              |                          |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of                        | her schedu   | ıles.                    |
| 7.   | ■ Yes What kind of debt do you have?  |              |                          |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | ersonal, far | mily, or household       |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

Desc Main Case 16-03386 Doc 1 Filed 02/04/16 Entered 02/04/16 15:15:45 Document

Page 20 of 63 Case number (if known) Debtor 1 April K Dugal

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 4,592.17 \$ 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 48,092.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 48,092.00 |

|              |  | Case 16                                     | -03386   | Doc 1                                      |                        | 02/04/16<br>cument                                       | Entered 02/04/16<br>Page 21 of 63  | 5 15:15:45                      | Des  | c Main                              |     |  |
|--------------|--|---|--|--|------------------------|--|--|---------------------------------|--|-------------------------------------|-----|--|
| Fill         | in this in                                 | formation to                                | identify y   | our case and this                          |                        |  |  |                                 |  |                                     |     |  |
| Deb          | otor 1                                     | April<br>First Na                           | K Duga   | Middle                                     | Name                   |  | Last Name  |                                 |  |                                     |     |  |
|              | otor 2<br>use, if filing)                  | First Na                                    | ıme  | Middle                                     | Name                   |  | Last Name  |                                 |  |                                     |     |  |
| Unit         | ted States                                 | Bankruptcy (                                | Court for th   | e: NORTHER                                 | N DIST                 | RICT OF ILLIN  | NOIS   |                                 |  |                                     |     |  |
| Cas          | se number                                  |   |  |  |                        |  | _  |                                 | I  | Check if this amended filing        |     |  |
| _            |  | orm 10<br>ule A/I                           |  | operty                                     |                        |  |  |                                 |  | 12/                                 | /15 |  |
| hink<br>nfor | it fits bes<br>mation. If i<br>ver every o | t. Be as comp<br>more space is<br>juestion. | elete and ad<br>needed, a  | ccurate as possible<br>ttach a separate sh | e. If two<br>eet to th | married people<br>nis form. On the                       | n asset fits in more than one ca<br>are filing together, both are ec<br>top of any additional pages, v<br>n or Have an Interest In | ually responsible               | e for supp   | lying correct                       | -   |  |
|              |  |   |  |  |                        |  |  |                                 |  |                                     |     |  |
| . D          | o you own                                  | or nave any i                               | egai or equ  | iltable interest in ar                     | iy resia               | ence, building,  | land, or similar property?   |                                 |  |                                     |     |  |
|              | No. Go t                                   | o Part 2.                                   |  |  |                        |  |  |                                 |  |                                     |     |  |
|              | Yes. W                                     | here is the pro                             | perty?   |  |                        |  |  |                                 |  |                                     |     |  |
| 1.1          |  |   |  |  | What                   | t is the property  | ? Check all that apply   |                                 |  |                                     |     |  |
|              |  | <b>/indjamme</b><br>ress, if available,     |  | ription                                    |                        | Single-family had been been been been been been been bee |  | the amount of an                | leduct secured claims or exemptions. Put unt of any secured claims on Schedule D: s Who Have Claims Secured by Property. |                                     |     |  |
|              | Hanove                                     | er Park                                     | IL   | 60133-0000                                 | _<br>_                 | Land   | or mobile home   | Current value o entire property | ?  | Current value of t portion you own? | ?   |  |
|              | City State ZIP Code                        |   | Investment property  Timeshare  Other  Other  Who has an interest in the property? Check one  Investment property  \$196,587.00  Describe the nature of you (such as fee simple, tenance a life estate), if known. |  |                        |  |  |                                 | rest   |                                     |     |  |
|              | DuPag                                      | e   |  |  |                        | Debtor 1 only  Debtor 2 only                             |  | Fee simple                      |  |                                     |     |  |
|              | County                                     | -   |  |  | □<br>□<br>Othe         | Debtor 1 and I   | the debtors and another bu wish to add about this item,  | (see instruction                |  | unity property                      |     |  |
|              |  |   |  |  |                        |  |  |                                 |  |                                     |     |  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages

you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$196,587.00

| Debtor 1 |          |  |  |                            |                      |             |                               | 5 De                | Desc Main |             |            |           |           |           |            |             |   |
|----------|----------|--|--|----------------------------|----------------------|-------------|-------------------------------|---------------------|-----------|-------------|------------|-----------|-----------|-----------|------------|-------------|---|
|          |          | 1 _                                    | Document Page 22 of 63  Case number (if known)   |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
| 3.       | Cars     | , vans                                 | s, trucks, trac  | tors, sport                | utility vehi         | cles,       | motorcyc                      | les                 |           |             |            |           |           |           |            |             |   |
| [        | □ N      | lo                                     |  |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
| ı        | • `      | Yes                                    |  |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
| 3        | .1 N     | Make:                                  | Hyundai  |                            |                      | Who         | o has an int                  | terest in th        | he pi     | roperty?    | Check one  |           |           |           |            |             | xemptions. Put                                  |
|          | N        | Model:                                 | Santa Fe   | )                          |                      |             | Debtor 1 o                    | only                |           |             |            |           |           |           |            |             | on Schedule D:<br>ed by Property.               |
|          |          | Year:                                  | 2009   |                            |                      |             | Debtor 2 or                   | nly                 |           |             |            |           |           | ent value |            |             | t value of the                                  |
|          |          |  | imate mileage:<br>nformation:  |                            | 90,000               |             |                               | ind Debtor 2        |           | •           | h          |           | entire    | proper    | ty?        | portio      | n you own?                                      |
|          | Ĺ        | Juioi 1                                | THOMILATION.   |                            |                      |             | At least on                   | ne of the deb       | DIOIS     | s and and   | ilei       |           |           |           |            |             |   |
|          |          |  |  |                            |                      |             | Check if the (see instruction | his is comr<br>ons) | mun       | nity prope  | rty        |           |           | \$3,0     | 625.00     |             | \$3,625.00                                      |
| 5        | _<br>Add | have                                   | dollar value of<br>attached for l<br>ribe Your Perso   | Part 2. Wri                | te that num          | ber h       |                               |                     |           |             |            |           |           | or page   | s          |             | \$3,625.00                                      |
|          |          |  | or have any l  |                            |                      | rest i      | in any of th                  | he followi          | ing       | items?      |            |           |           |           |            | portion y   | value of the you own? educt secured exemptions. |
| 6.       | Exai     | s <b>eno</b> io<br><i>mpl</i> es<br>No | d goods and for the state of th | urnisnings<br>ces, furnitu | s<br>ire, linens, ch | nina,       | kitchenwar                    | ·e                  |           |             |            |           |           |           |            |             |   |
|          | •        | Yes.                                   | Describe   |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
|          |          |  |  | Miscell                    | laneous u            | sed         | househo                       | noon blo            | ds        |             |            |           |           | $\neg$    |            |             | \$950.00  |
| _        |          |  |  | IMICOCII                   | idiloodo d           | <del></del> | Tioucone                      | na good             |           |             |            |           |           |           |            |             | Ψοσοιος   |
| 7.       | Exar     | No                                     | ss: Televisions ar including cell Describe   |                            |                      |             |                               |                     | nent;     | ; compute   | rs, printe | ers, scar | nners; n  | nusic co  | ollections | ; electroni | c devices                                       |
| 8.       |          |  | es of value<br>: Antiques and<br>collections, n  |                            |                      |             | or other artv                 | work; book          | ks, p     | oictures, o | or other a | rt object | ts; stam  | ıp, coin, | or baset   | oall card c | ollections; other                               |
|          |          | No                                     | conconcine, ii   | iomorabilia;               | , сопосилос          |             |                               |                     |           |             |            |           |           |           |            |             |   |
|          |          | Yes.                                   | Describe   |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
|          |          |  |  | Miscell                    | laneous u            | sed         | electron                      | ics                 |           |             |            |           |           | $\neg$    |            |             | \$150.00  |
|          |          |  |  |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
| 9.       |          | •                                      | t for sports and Sports, photo instruments   |                            |                      | other       | hobby equi                    | ipment; bic         | cycl      | es, pool t  | ables, go  | lf clubs  | , skis; c | anoes a   | nd kayak   | s; carpen   | try tools; musical                              |
|          | _        | No                                     | Dogoribo   |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
|          | □ '      | res.                                   | Describe   |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |
| 10.      | Exa      |  | es: Pistols, rifles  | s, shotguns                | , ammunitio          | n, and      | d related ed                  | quipment            |           |             |            |           |           |           |            |             |   |
|          |          | No                                     |  |                            |                      |             |                               |                     |           |             |            |           |           |           |            |             |   |

|                                |                     | Case 10   | -03360         | DOC 1            |             | iment                                  |               | 23 of 6     | 04/10 15.<br>2   | 15.45        | Desc Main  |
|--------------------------------|---------------------|---|----------------|------------------|-------------|--|---------------|-------------|------------------|--------------|--|
| Debto                          | r 1                 | April K Duç   | jal            |                  | Doce        | iiii <del>c</del> iii                  | raye          | _           | Case number      | r (if known) |  |
|                                | Yes.                | Describe  |                |                  |             |  |               |             |                  |              |  |
| 11. <b>CI</b>                  |                     |   |                |                  |             |  |               |             |                  |              |  |
| Ε                              | <i>xampl</i><br>No  | es: Everyday cl   | othes, furs, l | eather coats,    | designer we | ear, shoes, a                          | ccessories    |             |                  |              |  |
|                                |                     | Describe  |                |                  |             |  |               |             |                  |              |  |
|                                |                     |   |                |                  |             |  |               |             |                  | _            |  |
|                                |                     |   | Person         | al used clo      | thing       |  |               |             |                  |              | \$500.00   |
| 12. <b>Je</b><br><i>E</i><br>□ | xampl<br>No         | es: Everyday je   | welry, costu   | me jewelry, er   | ngagement r | ings, weddin                           | ig rings, hei | rloom jewe  | lry, watches, g  | ems, gold,   | silver   |
|                                |                     |   | B#1 11         |                  |             |  |               |             |                  | _            | \$40F.00   |
|                                |                     |   | Miscell        | aneous co        | stume jev   | velry                                  |               |             |                  |              | \$125.00   |
| <b>E</b><br>■                  | No<br>Yes.<br>Young | m animals es: Dogs, cats, Describe er personal ar Give specific i | nd househo     | ld items you     | did not alr | eady list, in                          | cluding an    | ny health a | ids you did n    | ot list      |  |
| _                              |                     |   |                |                  |             |  |               |             |                  |              |  |
|                                | Part 3.             | e dollar value<br>Write that nu                                   | mber here .    |                  |             |  |               | or pages y  | you have atta    | ched for     | \$1,725.00   |
|                                |                     | n or have any   |                | iitable intere   | st in any o | f the followi                          | ng?           |             |                  |              | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 17. <b>D</b> e                 | No<br>Yes           | s of money  |                |                  |             | ······································ |               |             |                  |              | ses, and other similar   |
| _                              |                     |   |                | multiple acco    |             |  |               |             | an armono, 2. c. | .o.agooa     | oo, and out or our man   |
|                                | No                  |   |                |                  |             | Institution r                          | name:         |             |                  |              |  |
| -                              | Yes.                |   |                |                  |             |  |               |             |                  |              |  |
|                                |                     |   | 17.1.          | Checking         |             | Seaway I                               | Bank          |             |                  |              | \$459.00   |
|                                |                     | mutual funds,<br>es: Bond funds                                   |                |                  |             | firms, mone                            | y market ac   | counts      |                  |              |  |
| _                              |                     |   | lr             | nstitution or is | suer name:  |  |               |             |                  |              |  |
|                                |                     | olicly traded s<br>enture   | tock and in    | terests in inc   | corporated  | and uninco                             | rporated b    | usinesses   | s, including ar  | n interest i | n an LLC, partnership, and   |
|                                |                     | Give specific i   | nformation a   | bout them        |             |  |               |             |                  |              |  |
|                                | -0.                 |   |                | e of entity:     |             |  |               |             | % of owners      | ship:        |  |

|                     |                      | Case 16                            | -03386          | Doc 1                 | Filed 02/04/16   |                             | 1/16 15:15:45            | Desc Main  |
|---------------------|----------------------|------------------------------------|-----------------|-----------------------|--|-----------------------------|--------------------------|--|
| Debto               | r 1                  | April K Du                         | gal             |                       | Document   | Page 24 of 63 <sub>C</sub>  | ase number (if known)    |  |
| ٨                   | legotia<br>Ion-ne    | able instrument                    | s include pers  | sonal checks          | negotiable and non-neg<br>, cashiers' checks, promi<br>ot transfer to someone by | ssory notes, and money      |                          |  |
|                     | No<br>Yes.           | Give specific i                    | _               | oout them<br>er name: |  |                             |                          |  |
|                     | xamp                 | ent or pensio<br>les: Interests in |                 | , Keogh, 401          | (k), 403(b), thrift savings  | accounts, or other pensi    | on or profit-sharing pla | ns   |
| ■                   | No<br>Yes            | . List each acc                    |                 | ely.<br>account:      | Institution n  | ame:                        |                          |  |
|                     |                      |                                    | Pensio          |                       |  | - 100% exempt               |                          | Unknown  |
| Y                   | our sh<br>xamp<br>No |                                    | ed deposits y   | ou have mad           | e so that you may continu<br>ent, public utilities (electri<br>Institution n     |                             |                          | or others  |
| 23. <b>Ar</b>       |                      |                                    | for a periodic  | payment of r          | noney to you, either for life  | e or for a number of year   | s)                       |  |
|                     | No<br>Yes.           |                                    | Issuer name     | and descripti         | on.  |                             |                          |  |
|                     | U.S.C                | s in an educat<br>C. §§ 530(b)(1)  |                 |                       | n a qualified ABLE prog  | ram, or under a qualifi     | ed state tuition progi   | am.  |
|                     | No<br>Yes.           |                                    | Institution nar | me and desc           | ription. Separately file the   | records of any interests.   | 11 U.S.C. § 521(c):      |  |
| 25. <b>Tr</b>       | No                   | •                                  |                 |                       | rty (other than anything   | listed in line 1), and ri   | ghts or powers exerc     | sisable for your benefit   |
| ⊔<br>26. <b>P</b> a |                      | Give specific<br>, copyrights, t   |                 |                       | ts, and other intellectua  | l property                  |                          |  |
| <i>E</i><br>■       | No                   | les: Internet do Give specific     |                 | ·                     | oceeds from royalties and  | licensing agreements        |                          |  |
|                     | cense                | es, franchises,                    | and other g     | eneral intar          | ngibles<br>cooperative association h   | oldings, liquor licenses, į | orofessional licenses    |  |
|                     | No<br>Yes.           | Give specific                      | information a   | bout them             |  |                             |                          |  |
| Mone                | y or p               | property owed                      | l to you?       |                       |  |                             |                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. <b>Ta</b> □     | No                   | unds owed to . Give specific       |                 | bout them, ir         | ncluding whether you alrea   | ady filed the returns and   | the tax years            |  |
|                     |                      |                                    |                 | Ехр                   | eceted Tax Return  |                             | Federal                  | \$460.00   |
|                     | xampi<br>No          | support<br>les: Past due o         | ·               |                       | sal support, child support   | , maintenance, divorce s    | ettlement, property sett | lement   |

| Del      | otor 1      |             | Case 16-033<br>April K Dugal                                 | 886        | Doc 1                       | Filed 02/04/16<br>Document                              | Entered 02/04/16 15:15:45<br>Page 25 of 63<br>Case number (if known) | Desc Main                     |
|----------|-------------|-------------|--|------------|-----------------------------|---|--|-------------------------------|
|          |             |             |  |            |                             |   |  |                               |
| 30.<br>I | Exa         |             | ounts someone ov<br>s: Unpaid wages, die<br>unpaid loans you | sability   | insurance pa                |   | s, sick pay, vacation pay, workers' compensation                     | on, Social Security benefits; |
| [        | _ Y         | es.         | Give specific informa  | ation      |                             |   |  |                               |
|          |             | mple        | in insurance polics: Health, disability,                     |            | nsurance; he                | ealth savings account (HS                               | A); credit, homeowner's, or renter's insurance                       |                               |
| ı        | <b>-</b>    | Yes.        | Name the insurance   |            | any of each p<br>pany name: | policy and list its value.                              | Beneficiary:   | Surrender or refund value:    |
|          |             |             |  |            | n Life Insu<br>ender valu   | irance - no cash<br>ie                                  |  | \$0.00                        |
|          |             |             |  | Who        | le Life Ins                 | urance Policy   |  | \$1,250.00                    |
| ı        | If you      | u are<br>No |  | ı living t |                             | someone who has died<br>proceeds from a life insur      | ance policy, or are currently entitled to receive p                  | roperty because someone has   |
| ı        | Exai<br>■ N | mple<br>No  |  | yment      |                             | rou have filed a lawsuit<br>urance claims, or rights to | or made a demand for payment<br>o sue                                |                               |
| 34.      | <b>1</b>    | No          |  |            | d claims of e               | every nature, including                                 | counterclaims of the debtor and rights to s                          | et off claims                 |
| [        | ⊐ Y         | es.         | Describe each claim  | 1          |                             |   |  |                               |
| ı        | <b>1</b>    | No          | Give specific informa  |            | already list                |   |  |                               |
| 36.      |             |             |  |            |                             |   | y entries for pages you have attached for                            | \$2,169.00                    |
| Par      | t 5:        | Desc        | ribe Any Business-Ro   | elated     | Property You                | Own or Have an Interest I                               | n. List any real estate in Part 1.                                   |                               |
| 37.      | Do yo       | u ow        | n or have any legal c  | or equit   | able interest               | in any business-related pr                              | operty?  |                               |
|          | N           | o. Go       | to Part 6.   |            |                             |   |  |                               |
|          | ] Ye        | s. G        | o to line 38.  |            |                             |   |  |                               |
| Par      |             |             | ribe Any Farm- and C<br>own or have an intere                |            |                             | Related Property You Owr<br>Part 1.                     | n or Have an Interest In.  |                               |
| 46.      | •           | No.         | wn or have any leg<br>Go to Part 7.<br>Go to line 47.        | gal or     | equitable int               | terest in any farm- or co                               | ommercial fishing-related property?                                  |                               |

Official Form 106A/B Schedule A/B: Property page 5

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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|        | o you have other property of any kind you did not already examples: Season tickets, country club membership | list?   |             |              |
|--------|---|---------|-------------|--------------|
|        | No  |         |             |              |
|        | Yes. Give specific information  |         |             |              |
| 54.    | Add the dollar value of all of your entries from Part 7. Writ   | te that | number here | \$0.00       |
| Part 8 | List the Totals of Each Part of this Form   |         |             |              |
| 55.    | Part 1: Total real estate, line 2   |         |             | \$196,587.00 |
| 56.    | Part 2: Total vehicles, line 5  |         | \$3,625.00  |              |
| 57.    | Part 3: Total personal and household items, line 15   |         | \$1,725.00  |              |
| 58.    | Part 4: Total financial assets, line 36   |         | \$2,169.00  |              |
| 59.    | Part 5: Total business-related property, line 45  |         | \$0.00      |              |
| 60.    | Part 6: Total farm- and fishing-related property, line 52   |         | \$0.00      |              |
| 61.    | Part 7: Total other property not listed, line 54  | +       | \$0.00      |              |

\$7,519.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$204,106.00

\$7,519.00

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor  | mation to identify your | case:             |             |  |                     |
|---------------------|-------------------------|-------------------|-------------|--|---------------------|
| Debtor 1            | April K Dugal           |                   |             |  |                     |
|                     | First Name              | Middle Name       | Last Name   |  |                     |
| Debtor 2            |                         |                   |             |  |                     |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name   |  |                     |
| United States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |                     |
| Case number         |                         |                   |             |  |                     |
| (if known)          |                         |                   |             |  | Check if this is an |
|                     |                         |                   |             |  | amended filing      |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
|         |   |

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | , , , , , , , , , , , , , , , , , |   | Specific laws that allow exemption |  |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |
| 1405 Windjammer Ln Hanover Park, IL 60133 DuPage County                                | \$196,587.00                         |                                   | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| Line from Schedule A/B: 1.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2009 Hyundai Santa Fe 90,000 miles Line from Schedule A/B: 3.1                         | \$3,625.00                           |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
|  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Miscellaneous used household goods   | \$950.00                             |                                   | \$950.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 6.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Miscellaneous used electronics Line from Schedule A/B: 8.1                             | \$150.00                             |                                   | \$150.00  | 735 ILCS 5/12-1001(b)              |  |
|  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Personal used clothing Line from Schedule A/B: 11.1                                    | \$500.00                             | •                                 | \$500.00  | 735 ILCS 5/12-1001(a)              |  |
|  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Case 16-03386 Doc 1 Filed 02/04/16 Entered 02/04/16 15:15:45 Desc Main Document Page 28 of 63 Case number (if known) Debtor 1 April K Dugal Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Miscellaneous costume jewelry 735 ILCS 5/12-1001(b) \$125.00 \$125.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking: Seaway Bank** 735 ILCS 5/12-1001(b) \$459.00 \$459.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Pension: Pension - 100% exempt 735 ILCS 5/12-704 100% Unknown Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Federal: Expeceted Tax Return 735 ILCS 5/12-1001(b) \$460.00 \$460.00 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Whole Life Insurance Policy 735 ILCS 5/12-1001(b) \$1,250.00 \$1,250.00 Line from Schedule A/B: 31.2 100% of fair market value, up to any applicable statutory limit

| 3. | Are you claiming | a homestead | exemption of | more than | \$155,675? |
|----|------------------|-------------|--------------|-----------|------------|
|----|------------------|-------------|--------------|-----------|------------|

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes 

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|          |                                  |                        | Document Pa   | age 29 (     | of 63                  |                       |                   |
|----------|----------------------------------|------------------------|---|--------------|------------------------|-----------------------|-------------------|
| Filli    | in this informati                | on to identify you     | r case:   |              |                        |                       |                   |
| Deb      | tor 1                            | April K Dugal          |   |              |                        |                       |                   |
|          |                                  | First Name             | Middle Name Las   | st Name      |                        |                       |                   |
|          | tor 2                            |                        |   |              |                        |                       |                   |
| (Spot    | use if, filing)                  | First Name             | Middle Name Las   | st Name      |                        |                       |                   |
| Unit     | ed States Bankru                 | ptcy Court for the:    | NORTHERN DISTRICT OF ILLINOI  | S            |                        |                       |                   |
| <b>^</b> |                                  |                        |   |              |                        |                       |                   |
| (if knd  | e number<br>own)                 |                        |   |              |                        | □ Check               | if this is an     |
| `        | ,                                |                        |   |              |                        | -                     | ed filing         |
|          | ,                                |                        |   |              |                        |                       |                   |
| Offi     | icial Form 1                     | 106D                   |   |              |                        |                       |                   |
| Sc       | hedule D                         | : Creditors            | Who Have Claims Se  | cured        | by Propert             | V                     | 12/15             |
|          |                                  |                        |   |              |                        |                       |                   |
|          |                                  |                        | If two married people are filing together, bo<br>t, number the entries, and attach it to this f       |              |                        |                       |                   |
| know     |                                  | nonari ago, mi it oa   | i, nambor ino onimos, and allasir it to and i   | J            | top or any additional  | pages, wite year name | and dade names (i |
| 1. Do    | any creditors hav                | e claims secured by    | y your property?  |              |                        |                       |                   |
|          | ■ No. Check th                   | nis box and submit t   | this form to the court with your other scheo  | dules. You h | nave nothing else to r | eport on this form.   |                   |
|          | ■ Yes Fill in a                  | all of the information | helow   |              |                        |                       |                   |
| Dowl     |                                  |                        | , bolow.  |              |                        |                       |                   |
| Part     |                                  | ecured Claims          |   |              | Column A               | Column B              | Column C          |
|          |                                  |                        | more than one secured claim, list the creditor s<br>a particular claim, list the other creditors in P |              | Amount of claim        | Value of collateral   | Unsecured         |
|          |                                  |                        | ical order according to the creditor's name.  |              | Do not deduct the      | that supports this    | portion           |
|          | Caf/Carmax                       | Auto                   |   |              | value of collateral.   | claim                 | If any            |
| 2.1      | Finance                          | rato                   | Describe the property that secures the cl   | aim:         | \$1,300.00             | \$3,625.00            | \$0.00            |
|          | Creditor's Name                  |                        | 2009 Hyundai Santa Fe 90,000 r  | niles        |                        |                       |                   |
|          |                                  |                        |   |              |                        |                       |                   |
|          | Attn: Bankru                     |                        | As of the date you file, the claim is: Check  | all that     |                        |                       |                   |
|          | Po Box 4406<br>Kennesaw, C       |                        | apply.  |              |                        |                       |                   |
|          |                                  |                        | Contingent  |              |                        |                       |                   |
|          | Number, Street, City             | y, State & Zip Code    | ☐ Unliquidated  |              |                        |                       |                   |
| Who      | owes the debt?                   | Check one.             | ☐ Disputed  Nature of lien. Check all that apply.   |              |                        |                       |                   |
| _        |                                  | Chican chica           | An agreement you made (such as mort   | nage or secu | ıred                   |                       |                   |
| _        | Debtor 1 only                    |                        | car loan)   | gago o. cooc |                        |                       |                   |
| =        | Debtor 2 only  Debtor 1 and Debt | or 2 only              | Statutory lien (such as tax lien, mechar  | nic's lion)  |                        |                       |                   |
| =        |                                  | •                      | ☐ Statutory lien (such as tax lien, mechar☐ Judgment lien from a lawsuit                              | iic s iieii) |                        |                       |                   |
|          | Check if this clair              |                        | _   |              |                        |                       |                   |
| _        | community debt                   | iii roidtoo to u       | Other (including a right to offset)   |              |                        |                       |                   |
|          |                                  | 0                      | ,   |              |                        |                       |                   |
|          |                                  | Opened<br>2/01/10      |   |              |                        |                       |                   |
|          |                                  | Last Active            |   |              |                        |                       |                   |
| Date     | debt was incurre                 |                        | Last 4 digits of account number   | 3496         |                        |                       |                   |
|          |                                  |                        |   |              |                        |                       |                   |
| 2.2      | Talmer Bank                      | And Trust              | Describe the property that secures the cl   | aim:         | \$251,854.00           | \$196,587.00          | \$55,267.00       |
|          | Creditor's Name                  |                        | 1405 Windjammer Ln Hanover I  | Park,        |                        |                       |                   |
|          |                                  |                        | IL 60133 DuPage County  |              |                        |                       |                   |
|          | 2301 W Big I                     | Beaver Rd              | As of the date you file, the claim is: Check  | all that     |                        |                       |                   |
|          | Ste<br>Troy, MI 480              | 84                     | apply.  |              |                        |                       |                   |
|          |                                  |                        | Contingent  |              |                        |                       |                   |
|          | Number, Street, City             | у, этате & ZIP Соде    | Unliquidated  |              |                        |                       |                   |
| Who      | owes the debt?                   | Check one.             | ☐ Disputed  Nature of lien. Check all that apply.   |              |                        |                       |                   |
|          | Debtor 1 only                    |                        | An agreement you made (such as mort   | gage or secu | ured                   |                       |                   |
| _        | Debtor 2 only                    |                        | car loan)   |              |                        |                       |                   |
|          | Debtor 1 and Debt                | or 2 only              | ☐ Statutory lien (such as tax lien, mechar  | nic's lien)  |                        |                       |                   |
|          | - John I and Debt                |                        | _ Statatory non (caon as tax non, mechan  |              |                        |                       |                   |

Official Form 106D

☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit

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| Debtor 1 April K Du                   |                                    |  |           | Case number (if know)        |  |
|---------------------------------------|------------------------------------|--|-----------|------------------------------|--|
| First Name                            | Middle Na                          | me Last Name   |           |                              |  |
| Check if this claim is community debt | relates to a                       | Other (including a right to offset)  | Mortgage  |                              |  |
| Date debt was incurred                | Opened 2/01/08 Last Active 6/01/12 | Last 4 digits of account nun   | nber 4069 |                              |  |
|                                       | of your form, add tl               | lumn A on this page. Write that nun<br>ne dollar value totals from all pages |           | \$253,154.00<br>\$253,154.00 |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|--|--|---|-----------------------------------|--|---|
| Fill in this in  | nformation to identify your o  | ase:  |                                   |  |   |
| Debtor 1   | April K Dugal  |   |                                   |  |   |
|  | First Name   | Middle Name   | Last Name                         |  |   |
| Debtor 2<br>(Spouse if, filing)                                  | ) First Name   | Middle Name   | Last Name                         |  |   |
| United States  | s Bankruptcy Court for the:  | NORTHERN DISTRICT OF I  | LLINOIS                           |  |   |
|  |  | -   |                                   |  |   |
| Case numbe<br>(if known)   | r  |   |                                   | П  | Check if this is an                                   |
|  |  |   |                                   | —  | amended filing  |
| Official F   | orm 106E/F   |   |                                   |  |   |
|  |  | ho Have Unsecured   | d Claims                          |  | 12/15   |
| Schedule G: É<br>D: Creditors W<br>he Continuati<br>ase number ( | xecutory Contracts and Unexp<br>/ho Have Claims Secured by Pr<br>on Page to this page. If you ha<br>if known). | ired Leases (Official Form 106G).<br>operty. If more space is needed, over no information to report in a Pa | Do not include a copy the Part yo | ontracts on Schedule A/B: Property (Officia<br>iny creditors with partially secured claims<br>u need, fill it out, number the entries in the<br>lat Part. On the top of any additional pages | that are listed in Schedule boxes on the left. Attach |
|  | st All of Your PRIORITY Un   |   |                                   |  |   |
|  | reditors have priority unsecure  | d claims against you?   |                                   |  |   |
|  | Go to Part 2.  |   |                                   |  |   |
| ☐ Yes. Part 2: Li  | ist All of Your NONPRIORIT   | Y Unsecured Claims  |                                   |  |   |
|  | reditors have nonpriority unsec  |   |                                   |  |   |
| Yes.  4. List all of unsecured than one of                       | your nonpriority unsecured cladim, list the creditor separately  | y for each claim. For each claim liste  | the creditor who                  | holds each claim. If a creditor has more tha ype of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the   | cluded in Part 1. If more                             |
| 2.   |  |   |                                   |  | Total claim   |
| 4.1 <b>Am</b>  | erican Express   | Last 4 digits of ac   | count number                      | 5123   | \$6,332.00  |
| Po  <br>16 (   | oriority Creditor's Name<br>Box 3001<br>General Warren Blvd<br>vern, PA 19355                                  | When was the del  | bt incurred?                      | Opened 7/01/06 Last Active 9/01/12   |   |
|  | ber Street City State Zlp Code   | As of the date you  | u file, the claim i               | s: Check all that apply  |   |
| Who  | incurred the debt? Check one.  |   |                                   |  |   |
|  | Debtor 1 only  | ☐ Contingent  |                                   |  |   |
|  | Debtor 2 only  | ☐ Unliquidated  |                                   |  |   |
|  | Debtor 1 and Debtor 2 only   | □ Disputed  |                                   |  |   |
|  | At least one of the debtors and ar   | nother Type of NONPRIO  | RITY unsecured                    | I claim:   |   |
|  | Check if this claim is for a con   | _   |                                   |  |   |
| debt<br>Is the   | e claim subject to offset?   | ☐ Obligations ar report as priority cl  |                                   | aration agreement or divorce that you did not  |   |
|  | No   |   |                                   | ng plans, and other similar debts  |   |
|  | Yes  | Other. Specify  | Credit Card                       | I  | _   |

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Case number (if know) Debtor 1 April K Dugal 4.2 **Best Buy** Last 4 digits of account number 6340 \$954.00 Nonpriority Creditor's Name Opened 6/01/02 Last Active PO Box 17298 When was the debt incurred? 2/27/15 Baltimore, MD 21297 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Contingent ■ Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No Other. **Credit Card** Yes Specify 4.3 Capital One Last 4 digits of account number 2986 \$8,762.00 Nonpriority Creditor's Name Opened 8/01/01 Last Active Attn: Bankruptcy Po Box 30285 When was the debt incurred? 6/01/12 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated П ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Credit Card ☐ Yes Specify 4.4 **Chase Card** \$2,388.00 Last 4 digits of account number 6850 Nonpriority Creditor's Name Opened 5/01/07 Last Active 201 N. Walnut St//De1-1027 When was the debt incurred? 5/16/12 Wilmington, DE 19801 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Other. **Credit Card** ☐ Yes

Specify

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Case number (if know)

| 1 April K Dugal   |  | Case number (if know)  |  |  |
|---|--|--|--|--|
| Citibank Sd, Na   | Last 4 digits of account number  | 5645   | \$4,942.00   |  |
| Attn: Centralized Bankruptcy Po Box 20363                           | When was the debt incurred?  | Opened 5/01/07 Last Active 5/21/12   |  |  |
| Number Street City State Zlp Code                                   | As of the date you file, the claim   |  |  |  |
| Who incurred the debt? Check one.                                   |  |  |  |  |
| Debtor 1 only   | Contingent   |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated   |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | Disputed   |  |  |  |
| ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure   | d claim:   |  |  |
| ☐ Check if this claim is for a community                            | ☐ Student loans  |  |  |  |
| debt  |  | paration agreement or divorce that you did not   |  |  |
| _   | <u></u>  | ing plans, and other similar debte   |  |  |
| No  | Debts to pension or profit-shar  | ing plans, and other similar debts   |  |  |
| Yes   | Other. Specify  Credit Care  | d  |  |  |
| Comenity Bank/carsons   | Last 4 digits of account number  | 9932   | \$64.00  |  |
| Po Box 182789   | When was the debt incurred?  | Opened 7/01/12 Last Active 2/18/15   |  |  |
| Number Street City State Zlp Code                                   | As of the date you file, the claim   | is: Check all that apply   |  |  |
| Who incurred the debt? Check one.                                   |  |  |  |  |
| ■ Debtor 1 only   | Contingent   |  |  |  |
| Debtor 2 only   | Unliquidated   |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |  |  |
| At least one of the debtors and another                             | Type of NONPRIORITY unsecure   | d claim:   |  |  |
| Check if this claim is for a community                              | ☐ Student loans  |  |  |  |
| debt Is the claim subject to offset?                                | <ul><li>Obligations arising out of a sereport as priority claims</li></ul>   | paration agreement or divorce that you did not   |  |  |
| No  | ☐ Debts to pension or profit-shar  | ing plans, and other similar debts   |  |  |
| ☐ Yes   | Other. Specify  Charge Ac  | count  |  |  |
| Comenity Bank/Inbryant  | Last 4 digits of account number  | 0002   | \$139.00   |  |
| 4590 E Broad St   | When was the debt incurred?  | Opened 11/01/09 Last Active 3/02/15  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply   |  |  |
| Debtor 1 only   | Contingent   |  |  |  |
| Debtor 2 only   | ☐ Unliquidated   |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |  |  |
| At least one of the debtors and another                             | <del></del>  | d claim:   |  |  |
| ☐ Check if this claim is for a community                            | ☐ Student loans  |  |  |  |
| debt  |  | paration agreement or divorce that you did not   |  |  |
| No  |  | ing plans, and other similar debts   |  |  |
|   | Other. Specify Charge Ac   |  |  |  |
|   | Citibank Sd, Na Nonpriority Creditor's Name Attn: Centralized Bankruptcy Po Box 20363 Kansas City, MO 64195 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Comenity Bank/carsons Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Comenity Bank/Inbryant Nonpriority Creditor's Name 4590 E Broad St Columbus, OH 43213 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only At least one of the debtors and another Check if this claim is for a community debt Comenity Bank/Inbryant Nonpriority Creditor's Name At 90 E Broad St Columbus, OH 43213 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Citibank Sd, Na Nonpriority Creditor's Name Attn: Centralized Bankruptcy Po Box 20363 Kansas City, MO 64195 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 of the debtors and another Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 of the debtors and another Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Creditor's Name  Comenity Bank/Inbryant Nonpriority Creditor's Name  At least one of the debtors and another Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debto | Citibank Sd. Na Norpiority Circultor's Name Attr: Centralized Bankruptcy Po Box 20363 Namber Street City State 2D Code When was the debt Incurred?  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Norpiority Circultor's Name Po Box 182789 Columbus, OH 43218 Namber Street City State 2D code When was the debt Incurred?  Last 4 digits of account number Opened 5/01/07 Last Active 5/21/12  As of the date you file, the claim is: Check all that apply When was the debt incurred?  At least one of the debtors and another Comenity Bank/carsons Norpiority Creditor's Name Po Box 182789 Columbus, OH 43218 Namber Street City State 2D Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 |  |

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Case number (if know) Debtor 1 April K Dugal 4.8 **Edfinancial Svcs** Last 4 digits of account number 0479 \$36,433.00 Nonpriority Creditor's Name Opened 8/01/01 Last Active 120 N Seven Oaks Dr When was the debt incurred? 3/31/15 Knoxville, TN 37922 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Unliquidated Debtor 2 only □ Disputed П Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No ☐ Other. ☐ Yes Specify Educational 4.9 **Edfinancial Svcs** Last 4 digits of account number 0379 \$11,659.00 Nonpriority Creditor's Name Opened 8/01/01 Last Active 120 N Seven Oaks Dr When was the debt incurred? 3/31/15 Knoxville, TN 37922 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Unliquidated ■ Debtor 2 only □ Disputed ■ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: П At least one of the debtors and another Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No Other. ☐ Yes Specify **Educational** 4.10 **GECRB/JC Penny** Last 4 digits of account number 5540 \$12.00 Nonpriority Creditor's Name Opened 11/01/02 Last Active Attention: Bankruptcy When was the debt incurred? Po Box 103104 3/03/15 Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only Unliquidated ■ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No Other. Charge Account ☐ Yes Specify

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| Illinois Department of Employ  | Last 4 digits of account number   | 6078  | \$3,300.00 |
|--|---|---|------------|
| Secur<br>Nonpriority Creditor's Name                                 | Last 4 digits of account number   |   | Ψο,οσοίσο  |
| 33 S. State - 9th Floor  | When was the debt incurred?   | 2012  |            |
| Chicago, IL 60603  |   | in Charle all that apply                        |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | н <b>s:</b> Спеск ан тлатарру                   |            |
| _  |   |   |            |
| Debtor 1 only  | Contingent  |   |            |
| Debtor 2 only  | Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only   | Disputed  |   |            |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecur   |   |            |
| ☐ Check if this claim is for a community                             | Student loans   |   |            |
| debt Is the claim subject to offset?                                 | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not<br/>report as priority claims</li> </ul> |   |            |
| No   | ☐ Debts to pension or profit-sha  | aring plans, and other similar debts            |            |
| ☐ Yes  | Other. Specify Overpayn   | nent  |            |
| Midland Funding Nonpriority Creditor's Name                          | Last 4 digits of account number   | 6719  | \$2,617.00 |
| 8875 Aero Dr Ste 200   | When was the debt incurred?   | Opened 1/01/14                                  |            |
| San Diego, CA 92123  Number Street City State Zlp Code               | As of the date you file, the claim  | is. Check all that apply                        |            |
| Who incurred the debt? Check one.                                    | As of the date you me, the olam   | 13. Oncor all that apply                        |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| _  | <u> </u>  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure  | ed claim:                                       |            |
| At least one of the debtors and another                              | Student loans   |   |            |
| Check if this claim is for a community debt                          | Obligations arising out of a separation agreement or divorce that you did not   |   |            |
| Is the claim subject to offset?                                      | report as priority claims   | eparation agreement of divorce that you did not |            |
| No   | ☐ Debts to pension or profit-sha  | aring plans, and other similar debts            |            |
| ☐ Yes  | Other. Specify Factoring Retail Bar   | Company Account Ge Capital                      |            |
| Mirabella, Kincaid, Frederick & Mir                                  | Last 4 digits of account number   | 6078  | \$7,000.00 |
| Nonpriority Creditor's Name 1737 S. Naperville Rd., #100             | When was the debt incurred?   | 2012  |            |
| Wheaton, IL 60189  |   |   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                        |            |
| Debtor 1 only  | Contingent  |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | Disputed  |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecur   | ed claim:                                       |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |            |
| debt   |   | eparation agreement or divorce that you did not |            |
| Is the claim subject to offset?                                      | report as priority claims   |   |            |
| No   | ☐ Debts to pension or profit-sha  | aring plans, and other similar debts            |            |
| Yes  | Other. Specify Collection   | n Account                                       |            |
| _  | Specify   |   |            |

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| Deblor | Aprii K Dugai  |   | Case number (if know)                 |            |  |
|--------|--|---|---------------------------------------|------------|--|
| 4.14   | Northland Group, Inc.  | Last 4 digits of account number   | er <u>6078</u>                        | \$0.00     |  |
|        | Nonpriority Creditor's Name PO Box 390846 Minneapolis, MN 55439                              | When was the debt incurred?   | 2015                                  |            |  |
|        | Number Street City State Zlp Code  | As of the date you file, the clair  | m is: Check all that apply            |            |  |
|        | Who incurred the debt? Check one.  |   |                                       |            |  |
|        | Debtor 1 only  | Contingent  |                                       |            |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |                                       |            |  |
|        | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |                                       |            |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu  | red claim:                            |            |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                                       |            |  |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                                       |            |  |
|        | Is the claim subject to offset?  | report as priority claims   |                                       |            |  |
|        | No   | ☐ Debts to pension or profit-sh   | naring plans, and other similar debts |            |  |
|        | Yes  | Other. Specify Collectio  | n Account for Citibank                |            |  |
| 4.15   | Sams Club / GEMB   | Last 4 digits of account number   | er <u>8383</u>                        | \$223.00   |  |
|        | Nonpriority Creditor's Name Attention: Bankruptcy Department Po Box 103104 Roswell, GA 30076 | When was the debt incurred?   | Opened 3/01/10 Last Active 3/20/15    |            |  |
|        | Number Street City State Zlp Code  | As of the date you file, the clair  |                                       |            |  |
|        | Who incurred the debt? Check one.  | •   | ,                                     |            |  |
|        | Debtor 1 only  | Contingent  |                                       |            |  |
|        | ☐ Debtor 2 only  | Unliquidated  |                                       |            |  |
|        | ☐ Debtor 1 and Debtor 2 only   | Disputed  |                                       |            |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu  | red claim:                            |            |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                                       |            |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                       |            |  |
|        | ■ No   | ☐ Debts to pension or profit-sh   |                                       |            |  |
|        | ☐ Yes  | Other. Specify Charge A   | Account                               |            |  |
| 4.16   | Springleaf   | Last 4 digits of account number   | er <u>3798</u>                        | \$2,832.00 |  |
|        | Nonpriority Creditor's Name  Po Box 64   |   | Opened 1/01/09 Last Active            |            |  |
|        | Evansville, IN 47701   | When was the debt incurred?   | 6/13/14                               |            |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the clain  | m is: Check all that apply            |            |  |
|        | Debtor 1 only  | ☐ Contingent  |                                       |            |  |
|        | Debtor 2 only  | Unliquidated  |                                       |            |  |
|        | ☐ Debtor 1 and Debtor 2 only   | Disputed  |                                       |            |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                                       |            |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                                       |            |  |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |                                       |            |  |
|        | Is the claim subject to offset?  | report as priority claims   |                                       |            |  |
|        | No   | ☐ Debts to pension or profit-sh   | naring plans, and other similar debts |            |  |
|        | Yes  | Other. Specify Note Loa   | n                                     |            |  |

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Case number (if know) Document

| Debtor '                         | 1 April K D   | ugal   | Document  | — 1 agc 3            | Case no         | umber (if know)                  |                              |
|----------------------------------|---|--|---|----------------------|-----------------|----------------------------------|------------------------------|
| 4.17                             | Syncb/dicks Nonpriority Cred                              |  | Last 4 digits of ac   | count number         | 0179            |                                  | \$98.00                      |
| _                                | Po Box 965<br>Orlando, Fl                                 | 005<br>_ 32896   | When was the de   | bt incurred?         | Open-<br>3/18/1 | ed 2/01/15 Last Active           | <b>e</b><br>                 |
|                                  |   | City State Zlp Code the debt? Check one.   | As of the date you  | u file, the claim i  | s: Check a      | all that apply                   |                              |
|                                  | ■ Debtor 1 o  | only   | ☐ Contingent  |                      |                 |                                  |                              |
|                                  | Debtor 2 or   | nly  | ☐ Unliquidated  |                      |                 |                                  |                              |
|                                  | Debtor 1 a  | nd Debtor 2 only   | Disputed  |                      |                 |                                  |                              |
|                                  | ☐ At least on   | e of the debtors and another   | Type of NONPRIC   | ORITY unsecured      | d claim:        |                                  |                              |
|                                  | ☐ Check if th   | his claim is for a community   | ☐ Student loans   | •                    |                 |                                  |                              |
|                                  | debt  | hinet to affect?   |   |                      | aration ag      | greement or divorce that you did | d not                        |
|                                  | _   | bject to offset?   | report as priority cl  Debts to pens                                    |                      | ing plans       | and other similar debts          |                              |
|                                  | ■ No  |  |   | non or pront snan    | ing pians,      | and other similar debts          |                              |
|                                  | ☐ Yes   |  | Other. Specify  | Charge Acc           | count           |                                  |                              |
| 4.18                             | Unvl/citi   |  | Last 4 digits of ac   | count number         | 8509            |                                  | \$11,729.00                  |
|                                  | Po Box 205  | ralized Bankruptcy<br>07   | When was the de   | bt incurred?         | Open-<br>5/31/1 | ed 7/01/03 Last Active           | <b>e</b>                     |
| -                                | Number Street 0   | y, MO 64195 City State Zlp Code the debt? Check one.   | As of the date you  | u file, the claim i  | s: Check        | all that apply                   |                              |
|                                  | Debtor 1 o  | only   | ☐ Contingent  |                      |                 |                                  |                              |
|                                  | Debtor 2 or   | nly  | ☐ Unliquidated  |                      |                 |                                  |                              |
|                                  | Debtor 1 a  | nd Debtor 2 only   | ☐ Disputed  |                      |                 |                                  |                              |
|                                  | ☐ At least on   | e of the debtors and another   | Type of NONPRIC   | ORITY unsecured      | d claim:        |                                  |                              |
|                                  | _   | his claim is for a community   | ☐ Student loans   | •                    |                 |                                  |                              |
|                                  | debt<br>Is the claim su                                   | bject to offset?   | <ul><li>Obligations a<br/>report as priority cl</li></ul>               | -                    | aration ag      | greement or divorce that you dic | J not                        |
|                                  | No  |  | ☐ Debts to pens   | sion or profit-shari | ing plans,      | and other similar debts          |                              |
|                                  | Yes   |  | Other. Specify  | Credit Card          | i               |                                  |                              |
| Part 3:                          | List Others   | s to Be Notified About a Debt T  | hat You Already L   | isted                |                 |                                  |                              |
| 5. Use thi<br>is tryir<br>have r | is page only if y<br>ng to collect fro<br>nore than one c | rou have others to be notified about myou for a debt you owe to some creditor for any of the debts that you in Parts 1 or 2, do not fill out or su | ut your bankruptcy,<br>one else, list the ori<br>ou listed in Parts 1 o | for a debt that y    | Parts 1 o       | r 2, then list the collection ag | ency here. Similarly, if you |
| Part 4:                          | Add the An  | mounts for Each Type of Unsec  | cured Claim   |                      |                 |                                  |                              |
|                                  | the amounts of<br>f unsecured cla                         | certain types of unsecured claims<br>im.   | . This information is   | for statistical re   | porting p       | ourposes only. 28 U.S.C. §159    | . Add the amounts for each   |
|                                  | 6a.   | Domestic support obligations   |   |                      | 6a.             | Total Claim                      | 0.00                         |
| Total cla                        |   | Taxes and certain other debts yo   | ou owe the governm  | ent                  | 6b.             | \$                               | 0.00                         |
|                                  | 6c.   | Claims for death or personal inju  | -   |                      | 6c.             |                                  | 0.00                         |
|                                  | 6d.   | Other. Add all other priority unsecu   | ured claims. Write tha  | it amount here.      | 6d.             | \$                               | 0.00                         |
|                                  | 6e.   | Total Priority. Add lines 6a throug  | h 6d.   |                      | 6e.             | \$                               | 0.00                         |
| <b>T</b> -1-1-1                  | 6f.   | Student loans  |   |                      | 6f.             | Total Claim \$ 48,092            | 2.00                         |
| Total cla                        |   | Obligations arising out of a sepa  | ration agreement or   | divorce that         | 6g.             | \$                               | 0.00                         |

0.00

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Debtor 1 April K Dugal

| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00      |
|-----|---|-----|-----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>51,392.00 |

6j. Total Nonpriority. Add lines 6f through 6i.

Official Form 106 E/F

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|                     |                          | I A Mainin.       |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | April K Dugal            |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | whom you have the<br>, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|--|-------------------|---|
| 2.1 |           |                                |  |                   |   |
|     | Name      |                                |  |                   |   |
|     | Number    | Street                         |  |                   |   |
|     | City      |                                | State  | ZIP Code          |   |
| 2.2 |           |                                |  |                   |   |
|     | Name      |                                |  |                   |   |
|     | Number    | Street                         |  |                   | _                                       |
|     | City      |                                | 04-4-  | ZIP Code          |   |
| 2.3 | City      |                                | State  | ZIP Code          |   |
|     | Name      |                                |  |                   | <del>_</del>                            |
|     | Number    | Street                         |  |                   |   |
|     | City      |                                | State  | ZIP Code          | <del></del>                             |
| 2.4 |           |                                |  |                   |   |
|     | Name      |                                |  |                   |   |
|     | Number    | Street                         |  |                   |   |
|     | City      |                                | State  | ZIP Code          |   |
| 2.5 | ,         |                                | - Luite  | 2000              |   |
|     | Name      |                                |  |                   |   |
|     | Number    | Street                         |  |                   |   |
|     | City      |                                | State  | ZIP Code          |   |
|     |           |                                |  |                   |   |

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|                                 |  | Docume                          | ent Page 40 d               | DT 6.3                                      |   |
|---------------------------------|--|---------------------------------|-----------------------------|---|---|
| Fill in this in                 | formation to identify your   |                                 |                             |   |   |
| Debtor 1                        | April K Dugal  |                                 |                             |   |   |
|                                 | First Name   | Middle Name                     | Last Name                   |   |   |
| Debtor 2                        | First Name   | Middle News                     | Leaf News                   |   |   |
| (Spouse if, filing)             | First Name   | Middle Name                     | Last Name                   |   |   |
| United States                   | Bankruptcy Court for the:  | NORTHERN DISTRICT               | OF ILLINOIS                 |   |   |
| Case number                     | r  |                                 |                             |   |   |
| (if known)                      |  |                                 |                             |   | ☐ Check if this is an   |
|                                 |  |                                 |                             |   | amended filing  |
| Official I                      | Form 106H  |                                 |                             |   |   |
|                                 |  | lohtoro                         |                             |   |   |
| <u>Scneau</u>                   | le H: Your Cod   | eptors                          |                             |   | 12/15   |
| 1. <b>Do yo</b> ■ No □ Yes      | u have any codebtors? (If  | you are filing a joint case, do | o not list either spouse as | s a codebtor.                               |   |
| California<br>■ No.             | n the last 8 years, have you<br>a, Idaho, Louisiana, Nevada,<br>Go to line 3.<br>Did your spouse, former spo | New Mexico, Puerto Rico, T      | exas, Washington, and V     |   | erty states and territories include Arizona,  |
| line 2 ag<br>106D), S<br>Column | ain as a codebtor only if the chedule E/F (Official Form   | hat person is a guarantor       | or cosigner. Make sure      | e you have listed the<br>se Schedule D, Sch | ing with you. List the person shown in<br>ne creditor on Schedule D (Official Forn<br>edule E/F, or Schedule G to fill out<br>e creditor to whom you owe the debt |
|                                 | me, Number, Street, City, State and  | ZIP Code                        |                             |   | edules that apply:  |
| 3.1                             |  |                                 |                             | Cobodulo                                    | D. line   |
|                                 | me   |                                 |                             | ☐ Schedule ☐ Schedule                       | · · · · · · · · · · · · · · · · · · ·   |
|                                 |  |                                 |                             | _   | G, line   |
| - Ni                            | out on Otrost  |                                 |                             | — Geriedaie                                 | O, IIIO   |
| Cit                             | mber Street<br>y   | State                           | ZIP Code                    |   |   |
| 3.2                             |  |                                 |                             | ☐ Schedule                                  | D, line   |
| Na                              | me   |                                 |                             | ☐ Schedule                                  |   |
|                                 |  |                                 |                             | _   | G, line   |
| Nu                              | mber Street  |                                 |                             |   |   |
| Cit                             |  | State                           | ZIP Code                    |   |   |

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| United Case (If know)  Off Scl Be as | or 2 se, if filing) d States Bankruptcy Court for the:  | NORTHERN DISTRIC  DME  ble. If two married peoplare married and not filing | le are filing together (<br>g jointly, and your sp  |          | CI          | A sup                          | nended filing<br>plement sho<br>ncome as of | owing postpe        | vition  |
|--------------------------------------|---|--|---|----------|-------------|--------------------------------|---|---------------------|---------|
| United Case (If know                 | d States Bankruptcy Court for the:  number wn)  icial Form 106I hedule I: Your Incomplete and accurate as possiving correct information. If you a | ome<br>ble. If two married peoplare married and not filing                 | le are filing together (<br>g jointly, and your sp  |          | CI          | An am<br>A sup<br>hapter 13 in | plement sho                                 | owing postpe        | vition. |
| Case (If know                        | number icial Form 106l hedule I: Your Inco  | ome<br>ble. If two married peoplare married and not filing                 | le are filing together (<br>g jointly, and your sp  |          | CI          | An am<br>A sup<br>hapter 13 in | plement sho                                 | owing postpe        | viition |
| Off Scl Be as                        | icial Form 106l hedule I: Your Inco   | ble. If two married peoplare married and not filing                        | g jointly, and your sp                              |          | CI          | An am<br>A sup<br>hapter 13 in | plement sho                                 | owing postpe        | atition |
| Scl<br>Be as                         | hedule I: Your Inco   | ble. If two married peoplare married and not filing                        | g jointly, and your sp                              |          | Cl          | A sup<br>hapter 13 ir          | plement sho                                 | owing postpe        | tition  |
| Scl<br>Be as                         | hedule I: Your Inco   | ble. If two married peoplare married and not filing                        | g jointly, and your sp                              |          | N           | IM / DD/ YY                    |   | the following       |         |
| Be as                                | complete and accurate as possi  | ble. If two married peoplare married and not filing                        | g jointly, and your sp                              |          | .,          | , , , , , , ,                  | YYY   |                     |         |
| Be as                                | complete and accurate as possi  | ble. If two married peoplare married and not filing                        | g jointly, and your sp                              |          |             |                                |   |                     | 12/1    |
| spous                                | n a separate sheet to this form. C  |  |   | informat | ion about y | our spous                      | e. If more                                  | space is nee        | eded,   |
|                                      | Fill in your employment information.  |  | Debtor 1  |          |             | Debtor 2                       | or non-filir                                | ng spouse           |         |
| á                                    | If you have more than one job,<br>attach a separate page with<br>information about additional   | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |          |             | ☐ Empl                         | oyed<br>mployed                             |                     |         |
|                                      | employers.  | Occupation   | GA Administrate                                     | or       |             |                                |   |                     |         |
|                                      | Include part-time, seasonal, or self-employed work.   | Employer's name  | Oak Park Towns                                      |          |             |                                |   |                     |         |
|                                      | Occupation may include student or homemaker, if it applies.   | Employer's address   | 105 S Oak Park A<br>Oak Park, IL 603                |          |             |                                |   |                     |         |
|                                      |   | How long employed th   | ere? 4 years  |          |             | _                              |   |                     |         |
| Part 2                               | Give Details About Mon  | thly Income  |   |          |             |                                |   |                     |         |
| unless<br>If you d                   | ate monthly income as of the da<br>s you are separated.<br>or your non-filing spouse have more<br>, attach a separate sheet to this form          | e than one employer, comb  |   |          |             | ·                              | ·   | •                   |         |
| •                                    | ·   |  |   |          | For Dek     | otor 1                         | For Debt                                    | or 2 or<br>g spouse |         |
|                                      | List monthly gross wages, salar deductions). If not paid monthly, ca  |  |   | 2.       | \$4         | 192.00                         | \$  | N/A                 |         |
| 3. I                                 | Estimate and list monthly overti  | me pay.  |   | 3.       | +\$         | 0.00                           | +\$   | N/A                 |         |
| 4. (                                 | Calculate gross Income. Add line  | e 2 + line 3.  |   | 4.       | \$ 4,19     | 92.00                          | \$  | N/A                 |         |

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| Deb | tor 1                      | April K Dugal   |               | (   | Case        | number (if kno | wn)      |             |                   |                    |            |
|-----|----------------------------|---|---------------|-----|-------------|----------------|----------|-------------|-------------------|--------------------|------------|
|     |                            |   |               |     | For         | Debtor 1       |          |             | Debtor            |                    |            |
|     | Cop                        | by line 4 here  | 4.            |     | \$          | 4,192.         | 00       | \$          | 9                 | N/A                |            |
| 5.  | Lict                       |   |               |     |             |                |          |             |                   |                    | _          |
| 5.  |                            | all payroll deductions:   | -             |     | Φ.          | 740            |          | Φ.          |                   | <b>N</b> 1//       |            |
|     | 5a.                        | Tax, Medicare, and Social Security deductions   | 5a<br>5b      |     | \$_<br>\$   | 713.           |          | *<br>*      |                   | N/A                |            |
|     | 5b.<br>5c.                 | Mandatory contributions for retirement plans Voluntary contributions for retirement plans   | 5c            |     | \$<br>_     | 176.           |          | * \$<br>*   |                   | N/A                |            |
|     | 5d.                        | Required repayments of retirement fund loans  | 5d            |     | \$<br>_     |                | 00<br>00 | - \$        |                   | N/A                |            |
|     | 5e.                        | Insurance   | 5e            |     | \$<br>_     | 405.           |          | \$<br>      |                   | N/A                |            |
|     | 5f.                        | Domestic support obligations  | 5f.           |     | \$-         |                | 00       | * <b>\$</b> |                   | N/A                |            |
|     | 5g.                        | Union dues  | 5g            |     | <u>\$</u> — |                | 00       | *<br>*      |                   | N/A                |            |
|     | 5h.                        | Other deductions. Specify:  | 5h            |     | <u> </u>    |                | 00       | + \$-       |                   | N/A                |            |
| 6.  | Δda                        | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | — 6.          |     | \$<br>\$    | 1,294.         |          | * -<br>\$   |                   | N/A                |            |
| 7.  |                            | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.            |     | \$<br>_     |                |          | . Ψ_<br>\$  |                   |                    | _          |
|     |                            |   | 7.            |     | Φ           | 2,898.         | UU       | Ψ_          |                   | N/A                | <u>4</u>   |
| 8.  | List<br>8a.                | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                   |               |     | •           |                |          | •           |                   |                    |            |
|     | O.L                        | monthly net income.   | 8a            |     | \$          |                | 00       | \$_         |                   | N/A                |            |
|     | 8b.<br>8c.                 | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8b<br>t<br>8c |     | \$_<br>\$   | 400.           | 00       | \$_<br>\$   |                   | N/A                |            |
|     | 8d.                        | Unemployment compensation   | 8d            |     | <u>\$</u> — |                | 00       | \$          |                   | N/A                |            |
|     | 8e.                        | Social Security   | 8e            |     | \$_         |                | 00       | \$_         |                   | N/A                |            |
|     | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:       | 8f.           |     | \$          |                | 00       | \$_         |                   | N/A                | _          |
|     | 8g.                        | Pension or retirement income  | 8g            |     | \$          |                | 00       | \$          |                   | N/A                |            |
|     | 8h.                        | Other monthly income. Specify:  | 8h            | 1.+ | \$          | 0.             | 00       | + \$        |                   | N/A                | 4_         |
| 9.  | Add                        | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.            | ,   | \$          | 400.           | 00       | \$_         |                   | N                  | /A         |
| 10  | Cal                        | culate monthly income. Add line 7 + line 9.   | 10.           | \$  |             | 3,298.00       | + \$     |             | NI/A              | = \$               | 2 200 00   |
| 10. |                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.           | Ψ_  | •           | 5,296.00       | +   \$   |             | N/A               | =   <del>•</del> - | 3,298.00   |
| 11. | State<br>Included<br>Other | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not avoidify: | lepende       |     |             |                |          |             | dule J.<br>11.    | +\$_               | 0.00       |
| 12. |                            | I the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certain  |               |     |             |                |          |             | <sub>es</sub> 12. | \$Comb             | 3,298.00   |
| 13. | Do :                       | you expect an increase or decrease within the year after you file this form No.   | ?             |     |             |                |          |             |                   | month              | nly income |
|     |                            | Yes. Explain:   |               |     |             |                |          |             |                   |                    |            |

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| Fill in this information to identify your case:   |   |   |   |
|---|---|---|---|
| Debtor 1 April K Dugal  | Ch  | neck if this is:                          |   |
|   |   | An amended filing                         |   |
| Debtor 2 (Spouse, if filing)  | □   | A supplement show<br>expenses as of the f | ing postpetition chapter 13 following date: |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS   | S   | MM / DD / YYYY                            |   |
| Case number   |   |   |   |
| (If known)  |   |   |   |
| Official Form 106J  |   |   |   |
| Schedule J: Your Expenses   |   |   | 12/1:                                       |
| Be as complete and accurate as possible. If two married people are fill information. If more space is needed, attach another sheet to this form (if known). Answer every question.                            |   |   |   |
| Part 1: Describe Your Household  1. Is this a joint case?   |   |   |   |
|   |   |   |   |
| ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?   |   |   |   |
| □ No  |   |   |   |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for  | or Separate Household of De                         | ebtor 2.                                  |   |
| 2. Do you have dependents? No   |   |   |   |
| Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age                           | Does dependent live with you?               |
| Do not state the  |   |   | □ No  |
| dependents names.   | Dependent   |   | ■ Yes                                       |
|   | Dependent   | 11  | □ No<br>■ Yes                               |
|   | Беренцен  |   | ■ res                                       |
|   |   |   | ☐ Yes                                       |
|   |   |   | □ No  |
|   |   |   | ☐ Yes                                       |
| 3. Do your expenses include expenses of people other than yourself and your dependents?   |   |   |   |
| Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you expenses as of a date after the bankruptcy is filed. If this is a supplem applicable date. |   |   |   |
| Include expenses paid for with non-cash government assistance if yo value of such assistance and have included it on <i>Schedule I: Your Inc</i> (Official Form 106I.)  |   | Your expe                                 | enses                                       |
| , ,   | -   |   |   |
| <ol> <li>The rental or home ownership expenses for your residence. Inclu-<br/>payments and any rent for the ground or lot.</li> </ol>   | de first mortgage 4.                                | \$  | 1,400.00                                    |
| If not included in line 4:  |   |   |   |
| 4a. Real estate taxes   | 4a.   | \$  | 0.00  |
| 4b. Property, homeowner's, or renter's insurance  | 4b.   | · -                                       | 0.00  |
| 4c. Home maintenance, repair, and upkeep expenses   | 4c.   | · ·                                       | 0.00  |
| <ul><li>4d. Homeowner's association or condominium dues</li><li>5. Additional mortgage payments for your residence, such as home</li></ul>  | 4d. equity loans 5.                                 | \$<br>\$                                  | 0.00  |

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| ebtor 1  | April K Dugal  | Case num     | ber (if known) |                          |
|----------|--|--------------|----------------|--------------------------|
| Utilitie | es:  |              |                |                          |
|          | Electricity, heat, natural gas   | 6a.          | \$             | 167.00                   |
|          | Water, sewer, garbage collection   | 6b.          | \$             | 39.00                    |
|          | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 211.00                   |
|          | Other. Specify:  | 6d.          | \$             | 0.00                     |
|          | and housekeeping supplies  | 7.           | \$             | 550.00                   |
|          | care and children's education costs  | 8.           | \$             | 400.00                   |
|          | ing, laundry, and dry cleaning   | 9.           | \$             | 80.00                    |
|          | nal care products and services   | 10.          | \$             | 40.00                    |
|          | al and dental expenses   | 11.          | \$             | 80.00                    |
|          | portation. Include gas, maintenance, bus or train fare.  | 11.          | Ψ              | 00.00                    |
|          | t include car payments.  | 12.          | \$             | 400.00                   |
|          | tainment, clubs, recreation, newspapers, magazines, and books  | 13.          | \$             | 40.00                    |
|          | table contributions and religious donations  | 14.          | \$             | 0.00                     |
| Insura   | •  |              | •              | 0.00                     |
|          | t include insurance deducted from your pay or included in lines 4 or 20.   |              |                |                          |
| 15a.     | Life insurance   | 15a.         | \$             | 65.00                    |
| 15b.     | Health insurance   | 15b.         | \$             | 0.00                     |
| 15c.     | Vehicle insurance  | 15c.         | \$             | 78.00                    |
| 15d.     | Other insurance. Specify:  | 15d.         | \$             | 0.00                     |
| Taxes    | Do not include taxes deducted from your pay or included in lines 4 or 20.  |              |                |                          |
| Specif   | y:   | 16.          | \$             | 0.00                     |
|          | Iment or lease payments:   | 170          | ¢.             | 222.00                   |
|          | Car payments for Vehicle 1   | 17a.         | ·              | 338.00                   |
|          | Car payments for Vehicle 2   | 17b.         | ·              | 0.00                     |
|          | Other. Specify:  | 17c.         | ·              | 0.00                     |
|          | Other. Specify:  | 17d.         | \$             | 0.00                     |
|          | payments of alimony, maintenance, and support that you did not report as<br>sted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                                     | 18.          | \$             | 0.00                     |
|          | payments you make to support others who do not live with you.  |              | \$             | 0.00                     |
| Specif   | •  | 19.          |                |                          |
| . Other  | real property expenses not included in lines 4 or 5 of this form or on Sche  | edule I: You | r Income.      |                          |
|          | Mortgages on other property  | 20a.         |                | 0.00                     |
| 20b.     | Real estate taxes  | 20b.         | \$             | 0.00                     |
| 20c.     | Property, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                     |
|          | Maintenance, repair, and upkeep expenses   | 20d.         | \$             | 0.00                     |
|          | Homeowner's association or condominium dues  | 20e.         | ·              | 0.00                     |
|          | : Specify:   | 21.          | ·              | 0.00                     |
|          |  |              | - Ψ            | 0.00                     |
|          | late your monthly expenses   |              |                |                          |
|          | dd lines 4 through 21.   |              | \$             | 3,888.00                 |
|          | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |                          |
| 22c. A   | dd line 22a and 22b. The result is your monthly expenses.  |              | \$             | 3,888.00                 |
| . Calcu  | late your monthly net income.  |              |                | <del>_</del>             |
|          | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 3,298.00                 |
|          | Copy your monthly expenses from line 22c above.  | 23b.         |                | 3,888.00                 |
| _55.     |  | 200.         | T              | 5,000.00                 |
| 23c.     | Subtract your monthly expenses from your monthly income.   |              |                | F00 00                   |
|          | The result is your monthly net income.   | 23c.         | \$             | -590.00                  |
| For exa  | u expect an increase or decrease in your expenses within the year after your expect to finish paying for your car loan within the year or do you expect you reation to the terms of your mortgage? |              |                | or decrease because of a |
| ■ N      | No.  |              |                |                          |
|          | es. Explain here:  |              |                |                          |

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| Fill in this info                          | umation to identify your  |   |                             |  |  |
|--|---------------------------|---|-----------------------------|--|--|
|  | rmation to identify your  | case:   |                             |  |  |
| Debtor 1                                   | April K Dugal First Name  | Middle Name                                   | Last Name                   |  |  |
| Debtor 2                                   |                           |   |                             |  |  |
| (Spouse if, filing)                        | First Name                | Middle Name                                   | Last Name                   |  |  |
| United States E                            | sankruptcy Court for the: | NORTHERN DISTRICT                             | OF ILLINOIS                 |  |  |
| Case number                                |                           |   |                             |  | Chook if this is an  |
| (ii kilowii)                               |                           |   |                             |  | Check if this is an amended filing                             |
|  |                           |   |                             |  | Ŭ  |
| Official Fo                                | mm 106Daa                 |   |                             |  |  |
|  | <u>rm 106Dec</u>          |   |                             |  |  |
| Declara                                    | ition About a             | an Individual                                 | Debtor's Sc                 | hedules                                | 12/15  |
| years, or both.                            | 18 U.S.C. §§ 152, 1341, 1 | in connection with a bankr<br>I519, and 3571. |                             |  | ,  |
|  | gn Below                  |   |                             |  |  |
|  |                           | eone who is NOT an attorn                     | ey to help you fill out ban | nkruptcy forms?                        |  |
|  |                           | eone who is NOT an attorn                     | ey to help you fill out ban | nkruptcy forms?                        |  |
| Did you p                                  |                           | eone who is NOT an attorn                     | ey to help you fill out ban | Attach <i>Bankrupt</i> c               | y Petition Preparer's Notice,                                  |
| Did you p                                  | pay or agree to pay some  | eone who is NOT an attorn                     | ey to help you fill out ban | Attach <i>Bankrupt</i> c               | y Petition Preparer's Notice,<br>Signature (Official Form 119) |
| Did you p  No  Yes.  Under per             | Name of person            | eone who is NOT an attorn                     |                             | Attach Bankruptc<br>Declaration, and S |  |
| Did you p  No  Yes.  Under per that they a | Name of person            |   |                             | Attach Bankruptc<br>Declaration, and S |  |

Date

Date February 4, 2016

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| Fil               | in this inform             | ation to identify you                      | r case:  |   |   |   |
|-------------------|----------------------------|--|--|---|---|---|
|                   | btor 1                     | April K Dugal                              |  |   |   |   |
| _                 |                            | First Name                                 | Middle Name  | Last Name   |   |   |
|                   | btor 2<br>ouse if, filing) | First Name                                 | Middle Name  | Last Name   |   |   |
| Un                | ited States Ban            | kruptcy Court for the:                     | NORTHERN DISTRICT C  | F ILLINOIS  |   |   |
| Ca                | se number                  |  |  |   |   |   |
| (if k             | nown)                      |  |  |   | "   | check if this is an mended filing               |
| Ot                | ficial For                 | m 107                                      |  |   |   |   |
|                   |                            |  | Affairs for Individ  | uals Filing for B                                     | ankruptcy   | 12/1  |
| info<br>(if k     | rmation. If mo             | ore space is needed, r every question.     |  | is form. On the top of any                            | qually responsible for supply<br>additional pages, write your i |   |
| 1.                | What is your               | current marital statu                      | s?   |   |   |   |
|                   | ☐ Married                  |  |  |   |   |   |
|                   | ■ Not marr                 | ied  |  |   |   |   |
| 2.                | During the la              | st 3 years, have you                       | lived anywhere other than w  | here you live now?                                    |   |   |
|                   | - w.                       |  | •  | •   |   |   |
|                   | ■ No<br>□ Yes. List        | all of the places you live                 | ved in the last 3 years. Do not in   | nclude where you live now.                            |   |   |
|                   | Debtor 1 Pri               | or Address:                                | Dates Debtor 1 I there   | ived Debtor 2 Prior Ad                                | dress:  | Dates Debtor 2<br>lived there                   |
| <b>3.</b><br>stat |                            |  |  |   | ty property state or territory?<br>Texas, Washington and Wisco  |   |
|                   | ■ No                       |  |  |   |   |   |
|                   | ☐ Yes. Mal                 | ke sure you fill out Sch                   | edule H: Your Codebtors (Offic   | cial Form 106H).                                      |   |   |
| Pa                | rt 2 Explair               | n the Sources of You                       | r Income   |   |   |   |
| 4.                | Fill in the total          | amount of income you                       | nployment or from operating<br>received from all jobs and all b<br>nave income that you receive to | usinesses, including part-time                        |   | ar years?                                       |
|                   | □ No                       |  |  |   |   |   |
|                   | Yes. Fill                  | in the details.                            |  |   |   |   |
|                   |                            |  | Debtor 1   |   | Debtor 2  |   |
|                   |                            |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income (before deductions and exclusions) |
|                   |                            | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses,   | \$3,919.00  | ☐ Wages, commissions, bonuses, tips                             |   |
|                   |                            |  | tips   |   | ☐ Operating a business  |   |
|                   |                            |  | Operating a business   |   |   |   |

Official Form 107

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Document Page 47 of 63 ase number (if known) Debtor 1 April K Dugal Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$50,723.00 □ Wages, commissions. Wages, (January 1 to December 31, 2015) bonuses, tips commissions, bonuses, Operating a business Operating a business For the calendar year before that: \$42,582.00 □ Wages, commissions, Wages, (January 1 to December 31, 2014) bonuses, tips commissions, bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions and Describe below. (before deductions and exclusions) exclusions) From January 1 of current year until **Child Support** \$400.00 the date you filed for bankruptcy: Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? ☐ No. ☐ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

Creditor's Name and Address

No.

☐ Yes

Go to line 7.

this bankruptcy case.

Dates of payment

**Total amount** paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for

> Amount you still owe

Was this payment for ...

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Document Page 48 of 63 ase number (if known) Debtor 1 April K Dugal Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider Insider's Name and Address Amount you Reason for this payment Dates of payment Total amount Include creditor's name paid still owe Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details П Case title Nature of the case Status of the case Court or agency Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. Nο Yes. Fill in the information below. П Value of the Creditor Name and Address Describe the Property Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. П **Creditor Name and Address** Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift.

person

Address:

Describe the gifts

Value

Person to Whom You Gave the Gift and

Gifts with a total value of more than \$600 per

Dates you gave

the gifts

Case 16-03386 Doc 1 Filed 02/04/16 Entered 02/04/16 15:15:45 Desc Main Document Page 49 of 63 ase number (if known) Debtor 1 April K Dugal 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Dates you Value Describe what you contributed more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of Address transferred transfer was payment Email or website address made Person Who Made the Payment, if Not You Bizar & Dovle, LLC \$1050 2015 \$1.050.00 123 W. Madison Street Suite 205 Chicago, IL 60602 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of Address transferred transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Person Who Received Transfer** Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 **April K Dugal** 

| 19.   | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-prot  | tcy, did you transfer any<br>tection devices.)  | y property to a s  | self-settled          | trust or similar device of                                    | of which you           | are a     |  |  |
|-------|---|---|--------------------|-----------------------|---|------------------------|-----------|--|--|
|       | No  |   |                    |                       |   |                        |           |  |  |
|       | Yes. Fill in the details.   |   |                    |                       |   |                        |           |  |  |
|       | Name of trust   | Description and v   | alue of the prop   | erty transf           | erred   | Date Trans             | sfer was  |  |  |
| Par   | 8: List of Certain Financial Accounts, Ins  | truments, Safe Deposit  | Boxes, and Stor    | age Units             |   |                        |           |  |  |
| 20.   | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc | r other financial account   | ts; certificates o | of deposit;           |   |                        |           |  |  |
|       | ■ No  |   |                    |                       |   |                        |           |  |  |
|       | Yes. Fill in the details.   |   |                    |                       |   |                        |           |  |  |
| 04    | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number   | Type of accou      | unt or                | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last baland closing or |           |  |  |
| 21.   | Do you now have, or did you have within 1 y cash, or other valuables?   | rear before you filed for   | bankruptcy, any    | / safe depo           | sit box or other deposit                                      | tory for secur         | rities,   |  |  |
|       | ■ No<br>□ Yes. Fill in the details.   |   |                    |                       |   |                        |           |  |  |
|       | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, Stand ZIP Code)  |                    | Describe t            | the contents  | Do you have it?        |           |  |  |
| 22.   | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy  |   |                    |                       |   |                        |           |  |  |
|       | ■ No □ Yes. Fill in the details.  |   |                    |                       |   |                        |           |  |  |
|       | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access<br>to it?<br>Address (Number, Street, City, State<br>and ZIP Code) |                    | Describe the contents |   | Do you have it?        |           |  |  |
| Par   | 9: Identify Property You Hold or Control  | for Someone Else  |                    |                       |   |                        |           |  |  |
| 23.   | Do you hold or control any property that sor someone.   | meone else owns? Inclu  | de any property    | you borro             | wed from, are storing fo                                      | or, or hold in t       | trust for |  |  |
|       | ■ No □ Yes. Fill in the details.  |   |                    |                       |   |                        |           |  |  |
|       | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)  |                    | Describe t            | the property  |                        | Value     |  |  |
| Par   | 10: Give Details About Environmental Info   | ormation  |                    |                       |   |                        |           |  |  |
| For t | he purpose of Part 10, the following definitio  | ns apply:   |                    |                       |   |                        |           |  |  |
| _     | Environmental law means any federal state   | or local statute or regul   | lation concornin   | a pollution           | contamination releas  | os of hazarde          | ue or     |  |  |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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April K Dugal Debtor 1

| 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |                                     |   |  |
|---|--|-------------------------------------|---|--|
| ■ No  |  |                                     |   |  |
| Yes. Fill in the details.   |  |                                     |   |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it   | Date of notice  |  |
|   | release of hazardous material?   |                                     |   |  |
| ■ No □ Yes. Fill in the details.  |  |                                     |   |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)   | Environmental law, if you know it   | Date of notice  |  |
| Have you been a party in any judicial or adminis  | strative proceeding under any environ  | mental law? Include settlements and | l orders.   |  |
| ■ No  |  |                                     |   |  |
| Yes. Fill in the details.   |  |                                     |   |  |
| Case Title Case Number  | Name<br>Address (Number, Street, City, State   | lature of the case                  | Status of the case  |  |
| 11: Give Details About Your Business or Conn  | •  |                                     |   |  |
| Within 4 years before you filed for bankruptey, d   | did you own a business or have any of  | the following connections to any b  | usinoss?  |  |
|   |  |                                     | usilless :  |  |
| ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity, en   | ther full-time or part-time         |   |  |
| ☐ A member of a limited liability company   | y (LLC) or limited liability partnership   | (LLP)                               |   |  |
| ☐ A partner in a partnership  |  |                                     |   |  |
| ☐ An officer, director, or managing execut  | itive of a corporation   |                                     |   |  |
| ☐ An owner of at least 5% of the voting or  | r equity securities of a corporation   |                                     |   |  |
| No None of the above applies Go to Part 1   | 12   |                                     |   |  |
|   |  |                                     |   |  |
|   |  | Employer Identification number      |   |  |
| Address   |  |                                     | umber or ITIN.  |  |
| Namber, Street, City, State and ZIP Code)   | ame of accountant or bookkeeper  | Dates business existed              |   |  |
|   | did you give a financial statement to a  | nyone about your business? Include  | e all financial   |  |
| ■ No  |  |                                     |   |  |
| Yes. Fill in the details below.   |  |                                     |   |  |
| Name Address (Number, Street, City, State and ZIP Code)   | ate Issued   |                                     |   |  |
| t   | No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adminis  No Yes. Fill in the details.  Case Title Case Number  Case Number  Case Number  A sole proprietor or self-employed in a A member of a limited liability company A partner in a partnership An officer, director, or managing executant of the voting of the site of the voting of the vo | ■ No                                | No   Yes. Fill in the details.   Name of site   Address (Number, Street, City, State and ZIP Code)   Now it |  |

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| Part 1                      | 2: Sign Below   |  |   |
|-----------------------------|---|--|---|
| l have<br>true ai<br>bankri | read the answers on this Statement on correct. I understand that making a |  | I declare under penalty of perjury that the answers are taining money or property by fraud in connection with a bor both. |
| /s/ A                       | pril K Dugal  |  |   |
| April                       | K Dugal<br>ture of Debtor 1   | Signature of Debtor 2                              |   |
| Date                        | February 4, 2016  | Date   |   |
| Did yo                      | ou attach additional pages to Your Sta                                    | tement of Financial Affairs for Individuals Fil    | ing for Bankruptcy (Official Form 107)?   |
| ■ N                         | lo  |  |   |
| ☐ Ye                        | es  |  |   |
| Did yo                      | ou pay or agree to pay someone who i                                      | s not an attorney to help you fill out bankrup     | tcy forms?  |
| ■ N                         | lo  |  |   |
| □ Ye                        | es. Name of Person Attach the E   | Bankruptcy Petition Preparer's Notice, Declaration | n, and Signature (Official Form 119).   |

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| Fill in this inform | mation to identify your  | case:             |             |                                     |
|---------------------|--------------------------|-------------------|-------------|-------------------------------------|
| Debtor 1            | April K Dugal            |                   |             |                                     |
|                     | First Name               | Middle Name       | Last Name   |                                     |
| Debtor 2            |                          |                   |             |                                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                     |
| United States Ba    | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                     |
| Case number         |                          |                   |             |                                     |
| (if known)          |                          |                   |             | heck if this is an<br>mended filing |

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's Caf/Carmax Auto Finance name:  Description of property securing debt:  Caf/Carmax Auto Finance name name name name name name name nam               | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul> | □ No ■ Yes  |
| Creditor's Talmer Bank And Trust name:  Description of property securing debt:  Talmer Bank And Trust  1405 Windjammer Ln Hanover Park, IL 60133 DuPage County | <ul> <li>Surrender the property.</li> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul> | □ No ■ Yes  |

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debtor 1 April K Dugal   | Case number (if known)          |                           |
|--|---------------------------------|---------------------------|
| Lessor's name: Description of leased   | С                               | ] No                      |
| Property:  |                                 | ] Yes                     |
| Lessor's name: Description of leased   |                                 | ] No                      |
| Property:  |                                 | ] Yes                     |
| Lessor's name: Description of leased   |                                 | ] No                      |
| Property:  |                                 | ] Yes                     |
| Lessor's name: Description of leased   |                                 | ] No                      |
| Property:  |                                 | ] Yes                     |
| Lessor's name: Description of leased   | Е                               | ] No                      |
| Property:  |                                 | ] Yes                     |
| Lessor's name: Description of leased   |                                 | ] No                      |
| Property:  | Е                               | ] Yes                     |
| Lessor's name: Description of leased   |                                 | ] No                      |
| Property:  |                                 | ] Yes                     |
| Part 3: Sign Below   |                                 |                           |
| Under penalty of perjury, I declare that I have indicated my intention about any pr<br>property that is subject to an unexpired lease. | operty of my estate that secure | s a debt and any personal |
| X /s/ April K Dugal X  |                                 |                           |
| April K Dugal Signature of Debtor 1  | ture of Debtor 2                |                           |
| Date February 4, 2016 Date   |                                 |                           |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapt | er 7: | Liquidation        |
|-------|-------|--------------------|
|       | \$245 | filing fee         |
|       | \$75  | administrative fee |
| +     | \$15  | trustee surcharge  |
|       | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   |       | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-03386 Doc 1 Filed 02/04/16 Entered 02/04/16 15:15:45 Desc Main Document Page 59 of 63

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In   | re April K Dugal   |  |   | Case N                        | 0.  |                         |
|------|--|--|---|-------------------------------|---|-------------------------|
|      |  |  | Debtor(s)   | Chapte                        | r <b>7</b>                                |                         |
|      | DISCLOSU   | JRE OF COMPENS   | SATION OF ATTORN  | EY FOR I                      | DEBTOR(S)                                 |                         |
| 1.   | Pursuant to 11 U.S.C. § 329(a compensation paid to me within be rendered on behalf of the de   | n one year before the filing                                   | of the petition in bankruptcy, o  | or agreed to be               | paid to me, for service                   |                         |
|      | For legal services, I have a   | agreed to accept   |   | \$                            | 1,050.00                                  |                         |
|      | Prior to the filing of this s  | tatement I have received                                       |   | \$                            | 1,050.00                                  |                         |
|      | Balance Due  |  |   | \$                            | 0.00                                      |                         |
| 2.   | The source of the compensation   | n paid to me was:  |   |                               |   |                         |
|      | Debtor   |  | Other (specify):  |                               |   |                         |
| 3.   | The source of compensation to  | be paid to me is:  |   |                               |   |                         |
|      | Debtor   |  | Other (specify):  |                               |   |                         |
| 4.   | ■ I have not agreed to sha firm.   | are the above-disclosed com                                    | pensation with any other perso  | n unless they a               | re members and assoc                      | ates of my law          |
|      |  |  | sation with a person or persons<br>mes of the people sharing in th        |                               |   | of my law firm.         |
| 5.   | In return for the above-disclose   | ed fee, I have agreed to rend                                  | ler legal service for all aspects   | of the bankrup                | tcy case, including:                      |                         |
|      | <ul><li>a. Analysis of the debtor's fina</li><li>b. Preparation and filing of an</li><li>c. Representation of the debto</li><li>d. [Other provisions as needed</li></ul> | y petition, schedules, staten<br>r at the meeting of creditors | nent of affairs and plan which i  | nay be require                | d;  | ankruptcy;              |
|      | Negotiations with s<br>reaffirmation agree   | secured creditors to rec                                       | duce to market value; exer<br>s as needed; preparation a<br>sehold goods. | mption plann<br>and filing of | ing; preparation ar<br>motions pursuant t | d filing of<br>o 11 USC |
| 6.   | By agreement with the debtor(s<br>Representation of<br>proceeding.   | s), the above-disclosed fee of<br>the debtors in any discl     | loes not include the following shargeability actions, judic               | service:<br>ial lien avoid    | ances or any other                        | adversary               |
|      |  |  | CERTIFICATION   |                               |   |                         |
| this | I certify that the foregoing is a s bankruptcy proceeding.   | complete statement of any a                                    | greement or arrangement for p   | ayment to me                  | for representation of th                  | e debtor(s) in          |
|      | February 4, 2016   |  | /s/ Joseph R. Doyle   |                               |   |                         |
|      | Date   |  | Joseph R. Doyle 62 Signature of Attorney                                  | 79065                         |   |                         |
|      |  |  | Bizar & Doyle, LLC  |                               |   |                         |
|      |  |  | 123 West Madison Suite 205  | Street                        |   |                         |
|      |  |  | Chicago, IL 60602   |                               |   |                         |
|      |  |  | 312-427-3100 Fax:   |                               | 0   |                         |
|      |  |  | joe@bizardoylelaw.  Name of law firm                                      | COIII                         |   |                         |
|      |  |  |   |                               |   |                         |

| CRIZAR 36DOXL  | EFILLO/04BANKR   | UPECY1 CONT  | <b>RAGET</b> c Main   |
|--|--|--|---|
| SECURED DEBTS  1 <sup>st</sup> Mortgage /Arrears 253 K  2 <sup>nd</sup> Mortgage /Arrears Automobile #1  | UNSECUREDIDEBTISCE  C R eb Can  GUARDIAN  TOTAL \$ 42, 00  | Taxes Student Loa Child Suppo NSF Parking Ticl Govt. Debt Other TOTAL  | rt 400 C.S.   |
| Cosigned debt (Y/N) Wage assignment (Y/N) 722 Redemption (Y/N)  CHAPTER 7 - eliminates dischargeal   | Bank Account Setoff (Y/N) License suspended (Y/N) Motion to avoid lien (Y/N) ole unsecured debts.  | Judgment lie   | t (Y/N) ination (Y/N) en motion (Y/N)  Y Chek PW  |
| ** <u>FILING FEE</u> ** MONEY ORDER /<br>THE CHAPTER 7 WILL NOT BE FILED   | UNTIL ATTORNEYS FEES ARI   | O PAYABLE TO THE BIZA  | Sheffer , plus AR & DOYLE, LLC  |
| CHAPTER 13 - debt consolidation pl   |  |  |   |
| ESTIMATED Chapter 13 payment plan to the state of the sta | ne Chapter 13 Trustee: s. paying an estimated  | to the unsecured, n  | on-priority creditor claims.  |
| CHAPTER 13 ATTORNEY'S FEE  | \$   | (filing fee not inc  | fuded)  |
| Today you paid us \$ retainer.   | Your balance is \$   |  |   |
| Your PAYMENT PLAN: \$  |  |  | ee  |
| **FILING FEE**(MONEY ORDER OR CASHIE   | 。  |  |   |
| REMAINING BALANCE of S The above fee is for pre-confirmation work only. All post- records you have provided and is subject to change based o come non-dischargeable debts could survive the Chapter 13   | confirmation work is billed at \$275,00 per<br>n creditor claims, changes in your net inc  | hour. The Chapter 13 payment a   | bove is just an estimate based on the   |
| credit Report and Handling Charges: \$  to fully disclose all financial information to BIZAR & DOYLE that it is a Federal crime to omit a creditor or other information the last payment date. Attorney's advice to client is based on c related to changes in the law that affect client's ability to qualif any client delay should the law change. Pay in full immediatel give client. 3) STATE LAW PROCEEDINGS- Client must matters and will not represent any bankruptcy client in ANY st show cause or any other civil or criminal lawsuits. Client is a chooses to terminate BIZAR & DOYLE, LLC's services and r cancellation. BIZAR & DOYLE, LLC's hourly rate is \$275  DOYLE, LLC as client's attorneys. After receiving written in unearned attorneys fees paid to date. 5) COLLECTIONS-IFE Client is liable for all attorney's fees and costs incured to colle written request, certified mail, return receipt requested, COUNSELING/FINANCIAL MANAGEMENT - Every clie prior to filing a bankruptcy Each client must take a financial classes at: WWW.PERSONALFINANCEEDUCATION.CC Amending Bankruptcy Schedules: \$230 to amend client's p There is no charge to amend for a change of address. Missing Client agrees to call BIZAR & DOYLE, LLC three weeks aftes DOYLE, LLC still has to appear at the hearing even if client of BIZAR & DOYLE, LLC's fee for negotiating a settlement is ap \$275 per hour, ten hours to be paid in advance. Delays-BIZ paying the fees, returning the petition or in providing informa information. Avoiding Liens/ Redemptions-Client agrees tha estate, (\$550) , avoiding non-purchase money securit BIZAR & DOYLE, LLC drafting such motion. Client underst survive the bankruptcy. Client acknowledges that there is a lir filling fee for any motion to recpen a closed bankruptcy case fo DOYLE, LTD for any returned checks not honored by client's work on different aspects of client's case. Client authorizes Bi this matter and divide fees with them on the basis of work and a counsel review client's file to explore other potential causes of                | LLC. Client must disclose all assets and all a from a bankruptcy petition. 2) TIMELY urrent applicable Local, State and Federal lay for bankruptcy relief or to discharge debts by so BIZAR & DOYLE, LLC can file client personally appear at any and all state court te law matter, including, but not limited to, divised to attend all state court proceedings, epresentation at any time; client is only entitle. BIZAR & DOYLE, LLC will take appeared to the debt, including court costs. 6) RESC to BIZAR & DOYLE, LLC is unable to collect the debt, including court costs. 6) RESC to BIZAR & DOYLE, LLC no less that must receive credit counseling from an amanagement course within 45 days of the MM. 8) ADDITIONAL FEES- In addition etition once the case is filed to add addition and client's case has been filed to obtain the §3 does not and will charge \$200 additional fer proximately \$350 to be paid in advance of \$100 AR & DOYLE, LLC reserves the right to the above quoted fee does not include the yinterests (\$375), or redemptions and and agrees that if client does not pay the first process of the case is discharged. B bank for any reason once the case is discharged. B bank for any reason. 9) GROUP PRACTIZAR & DOYLE, LLC to hire co-counsel of the proposibility. Client authorizes BIZAR & I | l debts regardless of client's intentic PAYMENT/LAW CHANGES - Cus. Client agrees to hold BIZAR & within a bankruptcy case. BIZAR & within a bankruptcy case. BIZAR & within a bankruptcy case. BIZAR & received by a service of the ser | Client agrees to pay fees in full prior to & DOYLE, LLC harmless for damages & DOYLE, LLC are not responsible for a law changes could alter the advice we LLC does not represent client in these ings, citation to discover assets, rules to rise in writing. 4) REFUNDS-If client Client must submit a written request of event that client discharges BIZAR & unting and issue a refund check of any e will refer your account to collections. a reaffirmation agreement by sending a date for rescissions. 7) CREDIT dit counseling agency" within 180 days neeting of creditors hearing. Take the client agrees to pay additional fees for all assets that were previously omitted. If your weeks after client's case is filed. Every will be so any other requested documents of est of any other requested documents of est of a avoid judgment liens against real see additional fees are to be paid prior to all not bring the motion and the lien will e-Client agrees to pay \$375 plus \$290 or a \$30 bounced check fee to BIZAR & stands that more than one attorney may & DOYLE, LLC's expense, to work one |

Signature X Out Out DATE DATE DATE

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### United States Bankruptcy Court Northern District of Illinois

| In re        | April K Dugal   | Case No.   |  |
|--------------|---|--|--|
|              | Debtor(s)   | Chapter  | 7                                      |
|              | DISCLOSURE OF COMPENSATION OF ATTO  | ORNEY FOR DE                                       | EBTOR(S)                               |
| pa           | arsuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the and to me within one year before the filing of the petition in bankruptcy, or agreed to thalf of the debtor(s) in contemplation of or in connection with the bankruptcy case   | o be paid to me, for serv                          |  |
|              | For legal services, I have agreed to accept   |  | 1,050.00                               |
|              | Prior to the filing of this statement I have received   | \$   | 1,050.00                               |
|              | Balance Due   | \$   | 0.00                                   |
| 2. T         | ne source of the compensation paid to me was:   |  |  |
|              | ■ Debtor □ Other (specify):   |  |  |
| 3. T         | ne source of compensation to be paid to me is:  |  | ~                                      |
|              | ■ Debtor □ Other (specify):   |  |  |
| 1. ■         | I have not agreed to share the above-disclosed compensation with any other pers   | on unless they are mem                             | bers and associates of my law firm     |
| . [          | I have agreed to share the above-disclosed compensation with a person or person copy of the agreement, together with a list of the names of the people sharing in   | ns who are not members<br>the compensation is atta | or associates of my law firm. A ached. |
| 5. I         | return for the above-disclosed fee, I have agreed to render legal service for all asp   | ects of the bankruptcy of                          | case, including:                       |
| - b.         | Analysis of the debtor's financial situation, and rendering advice to the debtor in a Preparation and filing of any petition, schedules, statement of affairs and plan who Representation of the debtor at the meeting of creditors and confirmation hearing [Other provisions as needed]  Negotiations with secured creditors to reduce to market value; a reaffirmation agreements and applications as needed; preparations 522(f)(2)(A) for avoidance of liens on household goods. | ich may be required; , and any adjourned hea       | rings thereof;                         |
| 6. B         | y agreement with the debtor(s), the above-disclosed fee does not include the follow Representation of the debtors in any dischargeability actions, juproceeding.  |  | es or any other adversary              |
|              | CERTIFICATION   |  |  |
| I<br>this ba | recruity that the foregoing is a complete statement of any agreement or arrangement inkruptcy proceeding  9-23-15  Joseph R. Doyle,   | rle 6279065  | epresentation of the debtor(s) in      |
|              | 123 West Madi<br>Suite 205<br>Chicago, IL 60  | son Street   |  |
|              | joe@bizardoyl   |  |  |

## **United States Bankruptcy Court**Northern District of Illinois

|       |  | Tot them District of Immors                         |                             |                  |
|-------|--|---|-----------------------------|------------------|
| In re | April K Dugal                              |   | Case No.                    |                  |
|       |  | Debtor(s)   | Chapter <b>7</b>            |                  |
|       | VE   | ERIFICATION OF CREDITOR N                           | <b>MATRIX</b>               |                  |
|       |  | Number of   | f Creditors:                | 19               |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit             | tors is true and correct to | o the best of my |
| Date: | February 4, 2016                           | /s/ April K Dugal April K Dugal Signature of Debtor |                             |                  |

Malvern, PA 19355

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Best Buy Midland Funding PO Box 17298 8875 Aero Dr Ste 200 Baltimore, MD 21297 San Diego, CA 92123

Attn: Bankruptcy
Po Box 440609 Po Box 440609 Kennesaw, GA 30160

Caf/Carmax Auto Finance Mirabella, Kincaid, Frederick & Mir Attn: Bankruptcy 1737 S. Naperville Rd., #100 1737 S. Naperville Rd., #100 Wheaton, IL 60189

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Northland Group, Inc. PO Box 390846 Minneapolis, MN 55439

Chase Card

201 N. Walnut St//De1-1027

Wilmington, DE 19801

Sams Club / GEMB

Attention: Bankruptcy Department
Po Box 103104 Roswell, GA 30076

Citibank Sd, Na Attn: Centralized Bankruptcy Po Box 64 Po Box 20363 Kansas City, MO 64195

Springleaf Evansville, IN 47701

Comenity Bank/carsons Syncb/dicks Po Box 182789 Columbus, OH 43218

Po Box 965005 Orlando, FL 32896

Comenity Bank/lnbryant Talmer Bank And Trust 4590 E Broad St 2301 W Big Beaver Rd Ste Columbus, OH 43213

Troy, MI 48084

Edfinancial Svcs 120 N Seven Oaks Dr Knoxville, TN 37922

Unvl/citi Attn.: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195

GECRB/JC Penny Attention: Bankruptcy Po Box 103104 Roswell, GA 30076